UNAIDS
EVALUATION REPORT

EVALUATION OF THE UN JOINT PROGRAMME ON HIV MOZAMBIQUE 2016–2020

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Disclaimer

This report has been authored by Melissa Andrade Costa and Etelvina Mbalane. The views expressed in this report are those of the evaluators. They do not represent those of UNAIDS Secretariat or of any of the individuals and organisations referred to in the report. The report was edited by Colette Holden.

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The evaluation was commissioned by the UNAIDS Evaluation Office and was conducted as an independent external evaluation by Melissa Andrade Costa and Etelvina Mbalane. The evaluation was guided by three overarching questions: is the UN Joint Programme on HIV in Mozambique doing the right things, in the right way, and achieving the right results? The evaluation assessed the contribution of the UN Joint Programme on HIV in relation to the 10 core commitments of the United Nations General Assembly 2016 Political Declaration on HIV and AIDS and the UNAIDS 90–90–90 targets.

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The evaluation highlights the importance of continued and intensified support from the UN to the national HIV response and is expected to inform current and future programmes and activities under the new United Nations Sustainable Development Cooperation Framework in the country.

List of acronyms

DAC	Development Assistance Committee (of the Organization for Economic Co-operation and Development)
GFATM	Global Fund Global Fund to Fight AIDS, Tuberculosis and Malaria
IATT	Interagency Task Team
ILO	International Labour Organization
IOM	International Organization for Migration
NASA	national AIDS spending assessment
OECD	Organization for Economic Co-operation and Development
PEN IV	Mozambique National Strategic Plan in Response to HIV and AIDS 2015–2020
PEPFAR	United States President's Emergency Plan for AIDS Relief
PQG	Programa Quinquenal do Governo (Government of Mozambique's five-year plan)
TB	Tuberculosis
UBRAF	Unified Budget, Results and Accountability Framework
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNSDCF	United Nations Sustainable Development Cooperation Framework
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

Background

In Mozambique, about 46% of the population lives below the poverty line *(1).* Poverty, vulnerability, risky behaviours, low levels of literacy, harmful cultural norms and gender relations, including gender-based violence, and HIV-related stigma and discrimination impact on HIV transmission rates, uptake of antiretroviral therapy and retention in care.

Epidemiological estimates indicate that HIV gains have been slow, but with advances in areas such as treatment and decreased number of deaths. The 90–90–90 treatment cascade rates (whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment, and 90% of people on treatment have suppressed viral loads) increased from 2017 to 2019. In 2017, 57% of adults knew their HIV-positive status, 54% were on antiretroviral therapy, and 32% achieved viral suppression. In 2019, 77% of adults knew their status, 60% were on antiretroviral therapy, and 45% achieved viral suppression *(2).*

From 2016 to 2019, HIV incidence reduced from 5.05 to 4.37 per 1000 population *(2).* Overall HIV prevalence in people aged 15–49 years remained largely static at 12.4% between 2009 and 2019 *(2).*

The UN Joint Programme on HIV in Mozambique was selected for evaluation due to the high levels of HIV infection in the country, the importance of assessing the United Nations system response and identifying ways to strengthen it. An evaluation of the United Nations Development Assistance Framework (UNDAF) was conducted at the same time as the UN Joint Programme evaluation, which was designed to contribute to the UNDAF evaluation by feeding into the overall analysis of the United Nations work in Mozambique.

Object of the evaluation

This evaluation looked at the UN Joint Programme on HIV in Mozambique from 2016 to mid-2020. The reference documents were the UNAIDS Global Strategy and Unified Budget, Results and Accountability Framework (UBRAF) for 2016–2021; the Joint Programme's budgets and workplans for 2016–2017, 2018–2019 and 2020–2021; the UNDAF Country Programme for 2017–2021; and the Mozambique National Strategic Plan in Response to HIV and AIDS 2015–2019 (PEN IV).

Considering the multitude of actions in the period 2016–2020, the evaluation assessed the work of the UN Joint Programme on HIV at the macro-level, looking at the contribution of the UN Joint Programme in relation to the 10 core commitments of the 2016 United Nations General Assembly Political Declaration on HIV and AIDS and the UNAIDS 90–90–90 targets.

Evaluation methodology

A mixed methods approach was used. Indicators were proposed for each evaluation question. Triangulation was key to contrasting different sources and reaching a common ground based on evidence. The evaluation process was highly participatory, involving key actors from the beginning to make it useful for future work. Due to the COVID-19 pandemic, field work was carried out remotely. Over 60 documents were reviewed by the evaluation team and a total of 48 people interviewed or consulted via focus group discussions.

Conclusions

1: full alignment was found between the UNAIDS Global Strategy (2016–2020), UNDAF (2027–2020) and the UN Joint Programme on HIV in Mozambique. The Joint Programme is fully aligned with PEN IV, but there are concerns that the Government of Mozambique is not always aware of the implementation of Joint Programme initiatives. The Government also has problems with internal coordination due to overlapping structures, making interaction between them and United Nations agencies more difficult.

2: the financial and human resources of the UN Joint Programme on HIV in Mozambique are small compared with those of other actors in the country and in relation to the demands it receives from national and international actors. Finance and staff limits push the Joint Programme to be more strategic and focused in its allocation of resources. There are operational challenges in the timely disbursement of resources to the Government as well as in the disbursement of UNAIDS Secretariat funds (country envelope) to Cosponsors. Challenges were found in the timely delivery of agreed products to the Government, such as reporting and provision of technical assistance, especially at the programme level. Incomplete reporting procedures (progress against targets and expenditure) were identified that limit Joint Programme coherence.

3: the coordination mechanisms of the UN Joint Programme work well. Different agencies come together to plan at the start of each cycle and meet monthly. More could be done, however, to enhance joint

implementation, monitoring and provision of information among the various actors. A lack of high-level strategic guidance to the Joint Programme from the heads of the United Nations agencies in the country was identified.

4: the UNAIDS Country Office is well regarded by key partners in its capacity and neutrality to convene different actors around the HIV epidemic. UNAIDS engages effectively with key international actors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR), helping with advocacy and to align the country with the global HIV agenda. The UNAIDS Country Office helps to bring civil society and human rights to the table when interacting with partners.

5: the UN Joint Programme contributes to a wide spectrum of HIV-related issues in Mozambique, but it invests more and is better acknowledged by the various partners in the areas of availability and quality of data; HIV awareness; prevention services, especially for young people; availability of services to key populations; people-centred HIV care, reduction of stigma and human rights; health systems strengthening at the local level; and normative guidance. The UN Joint Programme is involved on many different fronts, but partners are often unaware. The lack of a communication strategy and innovation mapping bringing out the best practices for the Joint Programme on HIV was identified.

6: the United Nations in Mozambique has been very responsive in the face of emergencies and urgent issues, such as the Idai and Kenneth cyclones, violence and unrest in Cabo Delgado, and the COVID-19 pandemic. As a knowledge and strategic agent, the United Nations may contribute to help the country incorporate HIV in emergency strategies and identify innovations in the face of multiple crises by valuing local knowledge and cost-effective solutions that emerge from communities' capacity to deal with problems, such as discussing HIV and actions to deal with national disasters at local forums.

7: the UN Joint Programme does not work intensively in the area of HIV testing, but it still contributes, especially through work on mother-to-child transmission and sexual and reproductive health. The percentage of people aware of their HIV status grew from 66% in 2016 to 77% in 2019. Women lead this result (76% in 2016, 86% in 2019), almost meeting the 90% target. Progress in children has also been significant (43% in 2016, 63% in 2019).

8: HIV treatment in Mozambique is improving. Between 2016 and 2019, there was a 9.2% reduction in the estimated number of total AIDS-related deaths. The percentage of people receiving antiretroviral therapy increased from 44% in 2016 to 60% in 2019. Women lead this result (52% in 2016, 67% in 2019). Despite some progress, significantly fewer men in the country are accessing antiretroviral therapy (33% in 2016, 43% in 2019). There was a significant growth in the percentage of children on antiretroviral therapy (43% in 2016, 63% in 2019). The work of the Joint Programme in helping to keep key populations, vulnerable communities and mothers on antiretroviral therapy may be contributing to and leveraging the larger efforts of other key partners such as the Global Fund and PEPFAR.

9: Mozambique is taking important steps to develop and adopt technical guidance, protocols and legislation regarding HIV. Implementation of protocols and sustainability remain key concerns, however, as most resources devoted to HIV come from foreign assistance. The country has limited financial and technical capacity, and there are structural problems in the health system. Beyond the political dialogue, helping to find low-cost health solutions and enhance the engagement of civil society actors in the provision of health services may be a relevant contribution of the United Nations in future.

10: the HIV epidemic in Mozambique is aggravated by gender imbalances and high levels of stigma. The UN Joint Programme, and the United Nations more broadly have been very responsive in addressing gender imbalances, with progress in policy and increased resources. The UNAIDS Country Office is engaged in addressing stigma, but more efforts are needed to move forward. Various actors recognize the authority and role of the United Nations in addressing stigma, gender equality and human rights.

Recommendations

Type	Recommendation	Recipient	Rationale
Strategic	1. Develop an overarching strategy for the UN Joint Programme on HIV for 2021–2025	United Nations Resident Coordinator UNAIDS Country Office Cosponsors	Conclusions 3, 4, 6, 9 and 10 Efficiency finding 8
Operational	2. Review and rationalize operational procedures for disbursement of UNAIDS country envelope and funds for the Government of Mozambique	UNAIDS Headquarters UNAIDS Country Office Cosponsors	Conclusion 2
Operational	3. Review staff positions for the UNAIDS Country Office in Mozambique in light of the UNAIDS strategy for 2021–2025	UNAIDS Headquarters Cosponsors	Conclusion 2 Efficiency finding 2
Strategic and operational	4. Improve coordination and reporting mechanisms with the Government of Mozambique	UNAIDS Country Office Cosponsors	Conclusions 1 and 2 Efficiency finding 8
Operational	5. Develop and implement UNAIDS communication strategy	UNAIDS Country Office	Conclusions 1, 4 and 5
Strategic	6. Allocate resources for knowledge and learning to help debate and present good practices and innovations on HIV and emergencies Enhance south–south cooperation in policy dialogue	UNAIDS Country Office	Conclusions 5, 6 and 9 Efficiency finding 8
Operational	7. Allocate resources to intensify communication strategies around stigma	UNAIDS Country Office Cosponsors	Conclusion 10
Strategic	8. Intensify role of UNAIDS in bringing actors together to discuss crucial HIV issues	UNAIDS Country Office	Conclusions 4, 7 and 8
Operational	9. Increase investments in the provision of strategic data on HIV	UNAIDS Country Office	Conclusions 2 and 5
Operational	10. Review UNAIDS management tools (e.g. monitoring and evaluation, financial reporting)	UNAIDS Country Office Cosponsors	Conclusion 3

Background

Health context in Mozambique

In Mozambique, poverty, vulnerability, risky behaviours, low levels of literacy, harmful cultural norms and gender relations, including gender-based violence, and HIV-related stigma and discrimination shape the determinants of health, including health-seeking behaviour, fuelling HIV transmission rates, and impacting uptake of antiretroviral therapy and retention in care. About 46% of the population lives below the poverty line. Around 70% of the population lives and works in rural areas *(1).*

Gender-based inequality fuels poverty, and harmful cultural norms perpetuate vulnerability of women and children. Gender-based violence is common (15.5%), underreported and perpetuated by cultural norms and weaknesses in law enforcement *(3).* Literacy is low, with adverse effects on health. In 2017, the illiteracy rate was 39% of the whole population, and 49.4% of women *(4).* There are challenges with the quality of education and rates of school dropout, with a higher impact on girls. Gender inequalities and biases that influence illiteracy fuel new HIV infections among adolescents, girls and young women. Comprehensive and correct knowledge of HIV among this group is alarmingly low (30.8%) *(5).*

Mozambique is prone to natural disasters, with severe effects on health. The country ranks tenth in the list of countries most vulnerable to disasters and is often affected by droughts, floods and cyclones (6). There is civil unrest in Cabo Delgado and central regions of the country. The violence in Cabo Delgado is rapidly increasing the number of internally displaced people. In this context, United Nations agencies are coming together to support the region. It is especially difficult to reach people living with HIV in Cabo Delgado, who are lacking in basic security and food and exposed to issues such as an increased rate of gender-based violence.

The Government of Mozambique allocated about US$ 4.27 million to health in the 2019 budget, an increase of 5% compared with 2018 and 32% compared with to 2017. The 2019 health sector budget accounts for 10.6% of the overall state budget. The health sector budget is essentially externally funded (75%).

The health sector is divided into four levels: primary (health posts and centres), secondary (district and rural hospitals), tertiary (general and provincial hospitals) and quaternary (central hospital). Only 40% of the population has access to these facilities; the remaining population is served by community health services, including traditional medicine, community health workers and traditional birth attendants. The quality of health services at the community level is a key concern.

HIV situation

HIV-related estimates indicate that gains have been slow, but with some advances in areas such as treatment:

- HIV prevalence in people aged 15–49 years has remained relatively stable (11.5% in 2009, 13.2% in 2015, 12.4% in 2019) *(2, 7).*
- From 2016 to 2019, HIV incidence reduced from 5.05 to 4.37 per 1000 people *(2).*
- The number of new infections decreased from 140 000 in 2017 to 130 000 in 2019 *(2).*
- The number of HIV-related deaths decreased from around 70 000 in 2017 to 51 000 in 2019 *(2).*
- The 90–90–90 treatment cascade rate (whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment, and 90% of people on treatment have suppressed viral loads) increased from 2017 to 2019. In 2017, 57% of adults knew their HIV status, 54% of people who knew their HIV-positive status were on antiretroviral therapy, and 32% of people on treatment achieved viral suppression. In 2019, 77% of adults knew their status, 60% of people who knew their HIV-positive status were on antiretroviral therapy, and 45% of people on treatment achieved viral suppression *(2).*

HIV prevalence is higher in women (15.2%) than men (9.5%). Gender inequalities and gender-based violence are compelling factors *(8).*

HIV funding has increased over the years. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR) are the major donors and contribute over 90% of international investments to HIV. In 2019 the country spent US$ 558 million (US$ 534 million from international donors) on HIV.

Public visibility of HIV is almost inexistent, despite AIDS being the main cause of death in the country *(9).* Government spending on HIV has been increasing but is still very modest. In 2019 the Government contributed 4% (US$ 23.6 million) of the overall expenditure on HIV.

Barriers to HIV care and treatment are physical, economic and psychosocial. More than half of Mozambicans need to walk for more than an hour to access their nearest health facility (10). As the vast majority are below the poverty line, they cannot afford transport to access treatment. Stigma at the community and facility levels were reported by interviewees to be a major barrier to HIV care. About 20.7% people would not buy vegetables from a person living with HIV *(11).*

Civil society and people living with HIV have been key in gaining initial results in the fight against HIV. However, according to key informant interviews, engagement over time faded, only to resurface in recent years.

Object of the evaluation

The UN Joint Programme on HIV

UNAIDS leads the United Nations global effort to end AIDS by 2030 as part of the Sustainable Development Goals. UNAIDS provides the strategic direction, advocacy, coordination and technical support to catalyse and connect leadership from governments, the private sector and communities to deliver life-saving HIV services. UNAIDS generates global, regional, national and local strategic information and analysis to increase the understanding of the state of the AIDS epidemic and the progress made.

UNAIDS brings together 11 Cosponsors in the global response: the International Labour Organization (ILO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office on Drugs and Crime (UNODC), the United Nations Population Fund (UNFPA), UN Women, the World Bank, the World Food Programme (WFP) and the World Health Organization (WHO).

The UN Joint Programme on HIV in Mozambique was selected for evaluation due to the high levels of HIV in the country, the importance of assessing the United Nations response and identifying ways to strengthen it. An evaluation of the United Nations Development Assistance Framework (UNDAF) was conducted at the same time as the UN Joint Programme evaluation, which was designed to contribute to the UNDAF evaluation by feeding into the overall analysis of the United Nations work in Mozambique.

UNDAF is the expression of the priorities and strategic direction of the Government of Mozambique and the United Nations to support national development. It is a framework combining the efforts of 21 United Nations agencies active in the country to provide coherent, effective and efficient support to address key development challenges, complementing the considerable support of bilateral and other multilateral partners. A new UNDAF, called the United Nations Sustainable Development Cooperation Framework (UNSDCF), is being developed for 2021–2025, and this evaluation should contribute to this process.

UNAIDS is concerned globally with possible losses of HIV gains due to efforts and resources being directed towards the COVID-19 pandemic. There are concerns about interruption of antiretroviral therapy and postponement of programmes, campaigns and activities. The extent to which this applies in Mozambique is one of the issues this evaluation aimed to investigate.

Evaluation purpose and focus

According to the terms of reference, the evaluation of the work of the Joint Programme on HIV in Mozambique is designed to document and analyze achievements, challenges and lessons learned in supporting the country to reach the goals and targets in the 2016 UN General Assembly Political Declaration on HIV and AIDS as well as UNAIDS 2016-2021 Strategy.

More specifically, the evaluation will assess the role and contribution of UNAIDS Secretariat, (called UNAIDS Country Office in this evaluation), Cosponsors and the UN Joint Team on AIDS in the context of the 2016 - 2021 UNDAF in Mozambique. Findings, conclusions and recommendations of the evaluation are expected to help identify ways of ensuring continued and intensified engagement of the UN system to end AIDS as a public health threat by 2030 – and position UNAIDS and the UN Joint Team on AIDS in the next UN Cooperation Framework (2021–2025) and United Nations reform efforts at the country level. This requires the evaluation to consider the role and contributions of the UNAIDS Secretariat and Cosponsors and the collective effort of the Joint Team in the achievement of the 2016–2021 UNDAF outputs and outcomes.

Evaluation questions

The evaluation was designed to be guided by three overarching questions: is the UN Joint Programme on HIV in Mozambique doing the right things, in the right way, and achieving the right results in the UNDAF?

The evaluation considered the Organization for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) dimensions of relevance, efficiency, effectiveness, impact, sustainability, and gender equality, equity and human rights. The evaluation questions listed in Table 1 guided the evaluation process for each criterion. The intention was to have fewer questions and select key indicators to answer them. These key indicators were aligned with global and national indicators proposed in the planning documents selected for the purpose of this evaluation. (Annex 3 lists the indicators for each question.)

Table 1. Evaluation questions[1]

Evaluation question (EQ)	Relevance	Efficiency	Effectiveness	Sustainability	Gender, equity and human rights	Impact
EQ1. To what extent was the Joint Programme aligned to the UNAIDS global framework (UBRAF), to the UNDAF in Mozambique and national policies for HIV?	X					
EQ2. Have financial and human resources been allocated adequately, timely and strategically to carry out Joint Programme activities in each area of work?		X				
EQ3. To what extent were United Nations partners able to work effectively together to achieve the desired common goals?		X				
EQ4. To what extent did the Joint Programme contribute to improved standards and practice of prevention, diagnosis, treatment, care and strategic information on HIV?			X			
EQ5. To what extent has the Joint Programme contributed to achieve the 10 core commitments for Mozambique?						X
EQ6. Are national partners committed to the efforts towards AIDS as a public health threat in Mozambique?				X		
EQ7. To what extent did the Joint Programme address and respond to existing gender power dynamics and relations, stigma and discrimination?					X	
EQ8. To what extent has the COVID-19 pandemic impacted on the work around the HIV epidemic and response?			X			

Most of the indicators use a scale of 1–3, where 1 means there is little alignment, engagement, achievement or adjustment; 2 means there is a medium level of alignment, engagement, achievement or adjustment; and 3 means there is a high level of alignment, engagement, achievement or adjustment in the particular area.

In the area of efficiency, budget, staff and time were assessed in relation to how sufficient and adjusted they were at the time of implementation. Adjustment refers to the ability of the programme to make the best possible use of resources according to what is available and the challenges faced. Cases of total absence of alignment, engagement, achievement or adjustment would fall off the scale and be mentioned explicitly, but no indicator met these conditions.

[1] The ´x´ in the columns shows how each evaluation question relates to the OECD DAC Criteria.

Evaluation methodology

A mixed methods approach was used, with both qualitative and quantitative methods. Triangulation was key to contrasting different sources and reaching a common ground based on evidence. The evaluation process was highly participatory, involving key actors from the beginning to make it useful for future work. Due to the COVID-19 pandemic, field work was carried out remotely between the national and international consultants. Indicators were proposed for each evaluation question and used as part of the answer to those questions (Annex 3).

The evaluation included the following:

- Desk review of relevant documents: the initial desk review considered all the key documents referring to the design and management of Joint Programme (e.g. global frameworks, national policy documents, spreadsheets of joint plans of action, annual reports, partner reports). A total of 64 documents were reviewed (listed in Annex 4).
- Remote semi-structured interviews: during the inception phase, desk review and consultation of stakeholders, a list of possible interviewees was drafted to include the key stakeholders that could be interviewed (see Annex 1). All stakeholders approached were comfortable in taking part in remote interviews. A total of 36 people were interviewed or consulted (1 sent written feedback) (Table 2).
- Focus groups: focus group discussions were carried out with international development partners and civil society organizations. The donor community was invited and its dedicated focus group had three participants (European Union and two participants from the Dutch Development Cooperation). All the civil society organizations mapped were invited and had the chance to participate on three different occasions. Eight civil society organizations were able to engage in the focus group discussions. In total, 11 people engaged in the focus group discussions.

Table 2. Stakeholders consulted in interviews and focus group discussions

Type	Number of stakeholders
United Nations agencies	31
International partners	6
Government	3
Civil society	8
Total	48

Methods of analysis

The evaluation combined a number of methods of analysis—identification of key themes and contents in the desk review; review of quantitative data available using descriptive statistics; and a standard method, which is explained below and summarizes the evaluation process:

- First review of individual interviews: the notes from the interviews were reviewed and cleaned for clarity and sharing with the evaluation teams of the other United Nations system evaluations taking place at the same time (UNDAF evaluation and evaluations of the UNFPA and UNICEF programmes). Initial patterns were identified. Qualitative data were organized according to the evaluation questions and indicators of the evaluation matrix. This helped the evaluation team review the key points that emerged. The insights and patterns identified were part of an evaluation diary that helped build the key messages of the evaluation and signal possible conclusions and recommendations to be considered further in the analytical process.
- Organization of report by evaluation questions and indicators: the structure of the report was set according to the evaluation questions and the indicators presented in the inception report. Key patterns and insights from the first step were included in the draft evaluation report to be developed further. Preliminary recommendations were also included in the draft report.
- Insertion of qualitative data by evaluation question: relevant parts of the interviews were used to support the arguments and key ideas identified in the first two steps. Contrasting views were presented to give a more accurate picture of what was found. As well as qualitative analysis of indicators, a quantitative analysis was done to complement the arguments around the key findings identified *(12)*.

Approach

The evaluation aimed to be useful and to engage with the most relevant actors as much as possible. This took place through frequent consultations with UNAIDS Evaluation Office in Geneva and Country Office in Mozambique, with feedback throughout the process. To achieve this, the following steps and measures were used:

- Initial consultation and kick-off meeting: from the start, the Joint Team was consulted in the monthly coordination meetings. Based on the desk review and initial meetings, the inception report was drafted to reflect the evaluation context and questions. The evaluation started the data collection process with an interview with the United Nations Resident Coordinator, which helped to give guidance to the evaluation and make it as useful as possible to the whole United Nations system in the country.
- Stakeholder analysis: during the inception process, a stakeholder analysis was carried out, considering the major actors and their roles in the HIV response, to identify the people to invite to take part in the focus groups and semi-structured interviews. This was done collaboratively with the assistance of the UNAIDS team in the country.
- Collaboration with other evaluations: the evaluation collaborated actively with the UNDAF evaluation and the UNFPA and UNICEF country programmes taking place in the country at the same time. An initial meeting was organized by the Resident Coordinator's Office and a WhatsApp group created to facilitate communication between the evaluators. This evaluation shared the list of interviewees, background documents, interview notes and all the recordings available (under confidentiality and anonymity agreements) with other evaluation teams. As the interviews were scheduled, the other evaluators were invited to join. Information and insights were exchanged via email, and issues of interest for each evaluation were pointed out as the data collection took place.
- Presentation of preliminary findings to the UNAIDS country team: this took place before delivery of the evaluation report to gather feedback and identify possible gaps. This presentation helped to validate the initial findings, which resonated with the reality of the work in the country.
- High-level engagement: the evaluation was able to interview the Resident Coordinator, several heads of agencies, the heads of the Global Fund and PEPFAR for Mozambique, and the head of the National AIDS Council. The evaluation process attracted the interest of senior officials in the country and may help to foster the debate and improve practices. It is highly recommended that the evaluation report is shared with all the interviewees and made publicly available after it is finalized.

Ethics of the evaluation

The evaluation was based on the principles set by the United Nations Evaluation Group *(13)*. The United Nations Evaluation Group guidelines for integrating human rights and gender equality in evaluations were also used *(14)*. All the participants were briefed about the confidentiality of the information; this was reinforced when data from the interviews were shared with the other evaluation teams.

Theory of change and evaluation rationale

The evaluation looked at the UN Joint Programme on HIV in Mozambique from 2016 to mid-2020. The reference documents were the UNAIDS Global Strategy and UBRAF for 2016–2021; the Joint Programme 's budgets and workplans for 2016–2017, 2018–2019 and 2020–2021; the UNDAF Country Programme for 2017–2021; and the Mozambique National Strategic Plan in Response to HIV and AIDS 2015–2019 (PEN IV). (Annex 2 lists the key targets of each document.)

The evaluation team aimed to identify common areas of activity across the key documents. The areas identified were:

- Promote availability and quality of data.
- Increase awareness of HIV.
- Increase HIV testing.
- Promote access to good-quality antiretroviral therapy.
- Eliminate mother-to-child transmission of HIV.
- Provide HIV prevention services, especially for young people.
- Increase availability of services for key populations.
- Improve legal frameworks.
- Challenge gender norms conducive to violence and exploitation.
- Promote people-centred HIV care and reduction of stigma.
- Strengthen health systems and community systems.
- Foster sustainable funding.
- Increase capacity of relevant stakeholders.

Each of the key planning documents considered a slightly different timeframe. Figure 1 illustrates how the documents relate to the period considered for the evaluation (2016–2020).

Figure 1. Timeframes of planning instruments considered for the evaluation

The evaluation team assessed the work of the Joint Team on HIV at the macro-level, not only against outputs delivered but also the contribution of the Joint Programme in relation to the 10 Fast-Track commitments of the 2016 United Nations Political Declaration on HIV and AIDS and the UNAIDS 90–90–90 targets.

The 10 Fast_Track commitments to end AIDS by 2030 are (https://www.unaids.org/sites/default/files/media_asset/fast-track-commitments_en.pdf):

- Ensure 30 million people living with HIV have access to treatment by meeting the 90–90–90 targets by 2020.
- Eliminate new HIV infections among children by 2020, and ensure 1.6 million children have access to HIV treatment by 2018.
- Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, for at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations (gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs, people in prison).

- Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020.
- Ensure 90% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020 to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year.
- Ensure 75% of people living with, at risk of or affected by HIV benefit from HIV-sensitive social protection by 2020.
- Ensure at least 30% of all service delivery is community-led by 2020.
- Ensure HIV investments increase to US$ 26 billion by 2020, including 25% for HIV prevention and 6% for social enablers.
- Empower people living with, at risk of or affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights.
- Commit to taking HIV out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis (TB), cervical cancer and hepatitis B and C.

The evaluation considered the extent to which UNDAF outcomes 4, 6 and 7 with HIV-related indicators were achieved (Box 1). It did not address outcomes 4, 6 and 7 in totality, but looked at the indicators directly related to the UN Joint Programme on HIV in Mozambique.

Box 1: UNDAF outcomes and indicators related to HIV in Mozambique

Outcome 4

- Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights.
- Output 4.2: key actors at the local level are able to contribute to the transformation of discriminatory sociocultural norms and harmful practices against women and girls.
- Indicator 4.2.3: number of civil society organizations using gender-transformative approaches to address discriminatory sociocultural norms and harmful practices against women and girls in selected districts.
- Output 4.4: gender-disaggregated data are systematically collected, analysed and disseminated for policy formulation, planning, monitoring and evaluation.
- Indicator 4.4.2: number of sectors that consistently use gender-disaggregated data in their annual planning.

Outcome 4

- Disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights.
- Output 4.2: key actors at the local level are able to contribute to the transformation of discriminatory sociocultural norms and harmful practices against women and girls.
- Indicator 4.2.3: number of civil society organizations using gender-transformative approaches to address discriminatory sociocultural norms and harmful practices against women and girls in selected districts.
- Output 4.4: gender-disaggregated data are systematically collected, analysed and disseminated for policy formulation, planning, monitoring and evaluation.
- Indicator 4.4.2: number of sectors that consistently use gender-disaggregated data in their annual planning.

Outcome 6

- People equitably access and use good-quality health, water and sanitation services.
- Output 6.4: improved standards and practice of prevention, diagnosis, treatment and surveillance of HIV, TB and malaria have been achieved.
- Indicator 6.4.1: percentage of pregnant women living with HIV who received antiretroviral medicines in the past 12 months to reduce the risk of transmission from mother to child.
- Indicator 6.4.2: percentage of adults and children retained on antiretroviral therapy after 12 months to contribute towards the 90–90–90 targets.

Outcome 7

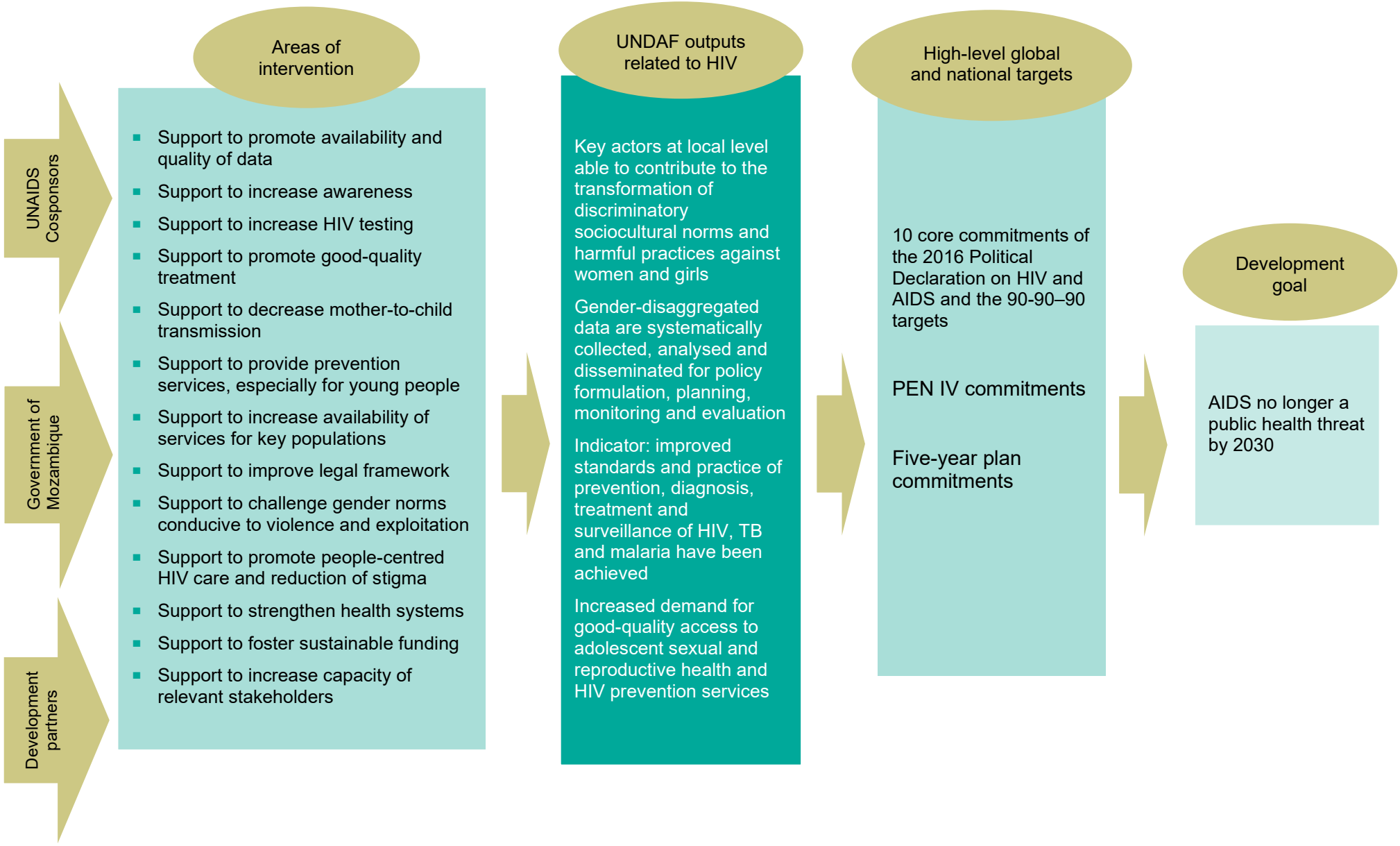
- Adolescents and youth are actively engaged in decisions that affect their lives, health, well-being and development opportunities.
- Output 7.2: percentage of adolescents and youth aged 15–24 years tested for HIV in the past 12 months who received their results.
- Output 7.3: increased demand for good-quality access to adolescent sexual and reproductive health and HIV prevention services.
- Indicator 7.3.2: number of regulations of existing laws that address all forms of discrimination related to HIV.
- Indicator 7.3.3: number of key sectoral plans operationalized in line with PEN IV (2015–2019).
- Indicator 7.3.4: number of HIV operational plans implemented that address gender-based violence.

An attempt was made to construct a theory of change for the Joint Programme work to guide the evaluation process. The purpose was to organize the actions of the various members of the Joint Team and the various targets in a single visual framework to facilitate the evaluation process.

The theory of change described in Figure 2 illustrates the UN Joint Programme on HIV desired outcomes and the UNDAF joint strategic results that should contribute to the Government of Mozambique's national development priorities and actions laid out in its five-year plan (Programa Quinquenal do Governo, PQG). Under the axis of developing human and social capital, the five-year plan has the goals of expanding access to and improving the quality of health services, and reducing maternal mortality, morbidity and mortality due to chronic malnutrition, malaria, TB, HIV, and noncommunicable and preventable diseases.

The HIV-related goals are to expand the services of HIV prevention and diagnosis, increase the number of health units offering antiretroviral therapy, and increase access on a large scale. PQG has two indicators related to HIV: coverage rate of antiretroviral therapy for children and adults, and coverage rate of antiretroviral therapy for pregnant women living with HIV.

Figure 2. Theory of change of evaluation of the UN Joint Programme on HIV in Mozambique, 2016–2020



Limitations

Carrying out an evaluation during the COVID-19 pandemic brought additional challenges. The international consultant was not able to do field work and present preliminary findings face-to-face, and it was not possible to mobilize the various actors in the timeframe initially envisioned. The limitations were counterbalanced by the measures listed in Table 3.

Table 3. Limitations of the evaluation and measures in place to address them

Limitation	Countermeasures
Absence of field visits in country	Experienced national evaluator used to ensure consideration of national context International evaluator consulted literature on context (for example, issues with HIV stigma in Mozambique) to better understand challenges
Difficulty mobilizing key actors within original timeframe	Flexibility of the evaluation helped to accommodate more stakeholders
Interviews with Government actors limited, and difficulty engaging civil society organizations and other partners	The evaluators still managed to have a dialogue with key HIV actors in the country, including the Government, international partners and civil society organizations, and to triangulate the information to present a comprehensive picture in relation to the programme

Findings

Evaluation criterion 1: relevance

EQ1	To what extent was the Joint Programme aligned to the UNAIDS global framework, UNDAF in Mozambique and national policies for HIV?
Indicators	1.1 Level of alignment of Joint Programme with UNAIDS Global Strategy 2016–2021 1.2 Level of alignment of Joint Programme with UNDAF in Mozambique 2017–2020 1.3 Level of alignment of Joint Programme with National Strategic Plan for HIV 2015–2019

The UNAIDS Global Strategy 2016–2021 has 10 targets. The evaluation team reviewed the 10 targets in light of the areas of work of the UN Joint Programme on HIV and asked key stakeholders for their perspectives on alignment of the work in Mozambique with the targets. Evidence from the desk review and the interviews shows full alignment between the national and international frameworks and targets.

Full alignment of the Joint Programme with the Mozambique UNDAF 2017–2020 was confirmed. Outcomes 4, 6 and 7 are directly related to HIV. Outcome 4 ("disadvantaged women and girls benefit from comprehensive policies, norms and practices that guarantee their human rights") covers the issue of youth and gender. Outcome 6 ("people equitably access and use good-quality health, water and sanitation services" and "deal with improved standards and practice of prevention, diagnosis, treatment and surveillance of HIV, TB and malaria") addresses health. Outcome 7 ("adolescents and youth actively engaged in decisions that affect their lives, health, well-being and development opportunities") addresses prevention in young people.

Outcome 4 on youth and gender is a central concern in Mozambique, where an increasing number of girls acquire HIV due to poverty or lack of information or agency. (These issues are explored further under the evaluation criterion for gender, equity and human rights.) An example of a key United Nations intervention in this area is the Spotlight Initiative.

Outcome 6 on health covers issues of advocacy, design of norms and regulations, provision of data, and contribution to the elaboration of sectoral plans in line with the National Strategic Policy for HIV and linkages between HIV plans and sectoral strategies.

Outcome 7 addresses prevention and awareness-raising for young people specially girls, which are areas mobilizing increasing resources in the country and in which the UN Joint Programme on HIV is working through longstanding initiatives such as the Rapariga Biz programme.

The three UNDAF outcomes related to HIV also cover a wide range of activities promoted by the Joint Programme in the country. There is full alignment (3 on a scale of 1–3) between the UN Joint Programme on HIV and UNDAF. In terms of the 2019–2020 workplan of the UN Joint Programme on HIV, it retained alignment with UNDAF and was geared towards treatment challenges and prevention of mother-to-child transmission.

The key targets of PEN IV cover prevention, use of condoms, pregnant women knowing their status during prenatal consultations, treatment for pregnant women, increasing treatment and retention, and increasing the percentage of men who are circumcised. The UN Joint Programme is aligned with all of these, except for the circumcision target.

The UN Joint Programme on HIV was involved in the elaboration of PEN IV and is currently assisting the Government of Mozambique with the elaboration of PEN V, which will help to bring alignment between the United Nations and the Government.

Despite the high degree of alignment between formal Government policies and the Joint Programme's work, some concerns were identified in the interviews. The main issue raised was that international actors in the country implement activities without awareness of the Government—and sometimes bypassing Government structures. This demonstrates the need for a better reporting process from United Nations agencies to the Government, and a higher degree of engagement with key national authorities in planning processes and project implementation.

Despite the efforts of the UN Joint Programme in sharing the Joint Team annual workplan with the National AIDS Council and support towards designing PEN V, evidence shows there is only partial alignment between

the UN Joint Programme and the guidelines emanating from the National AIDS Council, which should be considered in future.

Box 2: Findings related to relevance

RELEVANCE: there was full alignment between the UN Joint Programme on HIV in Mozambique and the UNAIDS Global Strategy (2016–2020) globally and UNDAF (2027–2020) at the country level. All activities of the Joint Programme fall into the framework and UNDAF. Only partial alignment was found between the UN Joint Programme and the Government of Mozambique. The Joint Programme on HIV is fully aligned with PEN IV, but there were concerns over the implementation of United Nations activities of which the Government is not always aware, and concerns over implementation using parallel structures and not involving official channels of aid distribution or emergency coordination.

Evaluation criterion 2: efficiency

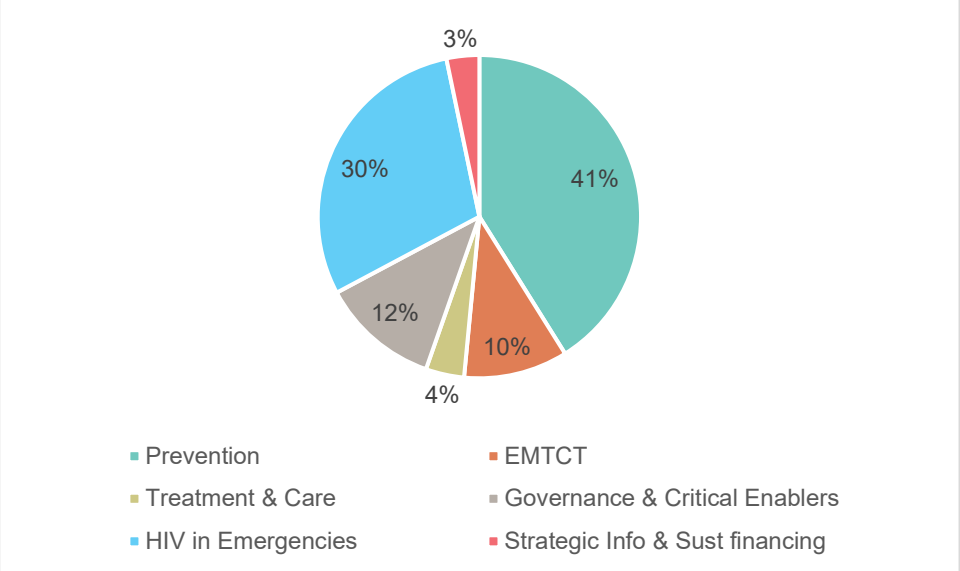
EQ2	Have financial and human resources been allocated adequately, timely and strategically to carry out activities in each area of work of the UN Joint Programme on HIV?
Indicators	2.1 Whether the budget was sufficient and increased as needed to implement the activities planned 2.2 Whether the staffing was adequate and adjusted based on partner perception on the technical capacity of the project staff to implement the activities planned 2.3 Whether sufficient time was allocated for implementation and adjusted as needed based on perception of key stakeholders 2.4 Whether the coordination and collaboration mechanism for planning and implementing the programme worked well

Four aspects of efficiency were analysed: budget, staff, time allocation for implementation of Joint Team activities, and coordination and collaboration mechanisms.

Budgeting information is available for the period 2018–2020. The total budget of the Joint Programme (including the budgets for all agencies involved) was US$ 12 725 300 for 2018, US$ 11 796 400 for 2019 and US$ 6 163 800 for 2020, with a decrease of 51.57% over the period. The country envelope accounts for a small fraction of the total resources (US$ 1 100 000 for 2019, or 18% for the same year).

Figure 3 shows how most resources are directed towards prevention and emergencies (together accounting for 71% of the budget, and prevention having 41% of the budget). Strategic information and sustainable financing and treatment and care come last, with 3% and 4% of the budget, respectively.

Figure 3. Budget of United Nations Joint Programme on HIV (2018–2021



Source: Joint Programme Planning Spreadsheets for the period 2018-2021.

Some of the evaluation respondents suggested the need to mobilize more resources to sustain more long-term actions and increase impact.

The Joint Team budget is small compared with that of other large donors in the country (e.g. the Global Fund planned to allocate US$ 1 220 948 900 to Mozambique in 2020 and PEPFAR US$ 4 499 863 100 in 2019). An annual portfolio of US$ 6 000 000–12 000 000 pushes for a very strategic allocation of resources to amplify results.

Some actors mentioned that the UNAIDS UBRAF country envelope helped to foster more concrete joint planning and increased accountability for the expected results. Concerns were identified with the Cosponsors over the bureaucracy involved, frequent and short-notice reporting cycle and information demands, and delays in disbursement against the low amounts of resources allocated. The biannual workplan is the

instrument for United Nations joint planning on HIV. Monitoring tools were developed in 2018, and UNAIDS Country Office is now looking to institutionalize monthly and quarterly reporting to the United Nations country team. Specific monitoring tools are being devised by UNAIDS Country Office in Mozambique to follow the implementation process, but they were still absent at the time of the evaluation. No clear expenditure reporting mechanism was identified in the Country Office.

Several evaluation respondents argue that there is no shortage of financial resources for HIV in Mozambique; that the amount of resources allocated over the years by international partners has helped to increase testing and treatment levels; and that the HIV prevalence in the country may be explained by the levels of poverty, gender inequality, stigma, low educational achievement and lack of awareness on HIV. Resources for HIV are mostly allocated for treatment, care and HIV testing (64.5%), with a smaller percentage for prevention (16.4%) *(15)*. There is a perception from several Cosponsors and civil society organizations that the activities supported by the Joint Programme could benefit from more consistent long-term allocation of resources. Some argue that the United Nations, with small amounts of resources allocated to micro-activities and on many different fronts, dilutes its likely contribution.

Considering the limited resources, the contextual key obstacles, the allocation of resources mainly for treatment, and the call from various actors for more consistent and strategic allocation of resources, it may be relevant to re-strategize and refocus the UN Joint Programme work to consider longer-term commitments in high-priority areas such as HIV prevention and preventing and addressing stigma and discrimination.

With the exception of an opposing view from a key actor, there is consensus that the UNAIDS Country Office in Mozambique is understaffed, considering the country's HIV burden. UNAIDS Country Office in Mozambique is faced with demands from national, regional and global actors from inside and outside the organization, and it is involved in many activities in different lines of work.

There are fewer Cosponsors with a staff member fully dedicated to HIV. Most programme officers work on HIV in addition to other portfolios. There is a perception from some actors that HIV has lost momentum in the global agenda and that attention has been diverted to other issues such as climate change and COVID-19.

In this context, staffing was assessed as not adequate and not adjusted as needed in terms of quantity (1 on a scale of 1–3).

It is important to note the challenges in recruiting international staff for Mozambique, considering the relatively limited number of people with the right technical profile who speak Portuguese.

In the Mozambique 2018 Joint Team Capacity Assessment, ILO, UNDP, UNESCO, UNFPA, UNICEF and UNAIDS Country Office reported having staff with 100% dedication to HIV-related activities. In the exercise for 2020, the same number of agencies reported staff with 100% dedication to HIV, but with some differences: the International Organization for Migration (IOM), UNODC and WFP were included; ILO, UNDP and UNFPA reported less dedication; and UNESCO and UNICEF remained in the list. When we triangulated these data with the interviews, we found evidence that not all agencies reporting 100% staff dedicated to HIV are actually able to do so. Nevertheless, the interviews point to the fact that the major staff constraint identified was not from the Cosponsor side (with the exception of WHO) but from the UNAIDS Country Office, as reported elsewhere in this document.

Key actors consider United Nations agencies to be slower than expected in responding to the Government of Mozambique, such as in hiring consultants to provide technical assistance and supporting delivery of key strategic information (e.g. Spectrum HIV estimates, evaluation reports). These problems may be due to constraining factors such as limited staff allocated to serve the country's HIV needs and demands, and lengthy time-consuming operational procedures (which, in the case of UNAIDS Secretariat, may involve the UNAIDS Country Office, the regional office in Johannesburg, the UNAIDS Secretariat Headquarters, and the Global Service Centre in Kuala Lumpur).

Allocation of time by the UN Joint Programme was considered not adequate and not adjusted as needed (1 on a scale of 1–3). Allocation of time refers to staff time dedicated to provide HIV relevant services to the Government of Mozambique.

The evaluation found that the coordination and collaboration mechanisms for planning work relatively well, but less so on implementation. Cosponsors come together for an annual reporting and planning retreat and also meet monthly. There is a consensus that actors are well mobilized to plan together at the beginning of each cycle. The UNAIDS Country Office is recognized for its leadership and mobilization efforts.

Concerns were identified by some actors, however, over moving beyond planning and delivering together (joint implementation), monitoring, disseminating information and having the United Nations agencies come together in a more strategic way. The Joint Programme is seen more as the result of the work of each agency rather than as a joint strategic positioning to address HIV in the country.

Challenges were also identified in terms of monitoring (absence of following up results against targets and absence of expenditure data). This posed a challenge for the evaluation team (to have clear monitoring information on joint implementation plans as the joint programme monitoring system (JPMS) brings more narrative information and does not capture achievements against targets). Some actors feel the Joint Team would benefit from more systematic exchange of information about each agency's programmes (with less anecdotal reporting and more solid information), monitoring field visits, and more interaction with beneficiaries. In addition, United Nations agencies are seen to work separately rather than as a Joint Programme. There are also concerns that the mainstreaming of HIV across the organisations may have contributed to giving it with less priority in the United Nations agenda (it may be considered in different activities, but with a lesser focus). This is a strategic issue to be considered further in the process of elaborating the new UNSDCF. The coordination and collaboration mechanisms were assessed as partially adequate (2 on a scale of 1–3). There is a cost in terms of time and effort involved in collaboration (calling meetings, waiting for feedback, building consensus) that needs to be outset by meaningful results.

Box 3: Findings related to efficiency

- EFFICIENCY 1: the UN joint programme on HIV budget is small compared with that of other actors in Mozambique. As resources are available in the country for HIV, especially in the area of treatment, the Joint Programme must be more strategic and focused in its allocation of resources. Problems were identified in terms of UNAIDS Cosponsor disbursement in relation to the annual country envelope.
- EFFICIENCY 2: UNAIDS Country Office staffing is very limited in the context of the country's HIV burden. There are many demands on the UNAIDS Country Office from domestic, regional and global actors, within and outside the organization. Staffing was considered insufficient and not adjusted as needed.
- EFFICIENCY 3: United Nations agencies are considered to be slow in delivering services to the Government of Mozambique, such as in hiring consultants and delivering key strategic information on HIV Spectrum estimates and evaluation reports. Some operational challenges need to be addressed for the United Nations to keep its credibility and relevance, especially in an agenda of advocacy where timing is crucial. Disbursement time was assessed as inadequate and not adjusted as needed.
- EFFICIENCY 4: the UNAIDS Secretariat and Cosponsors plan well together and interact frequently for exchange of information, even if the data do not come in a systematic manner. Still, more could be done to enhance joint implementation, monitoring, provision of information, and strategic guidance and positioning in the country. Coordination and collaboration mechanisms were assessed as partially adequate.

EQ3	To extent were UN Joint Programme partners able to work effectively together to achieve the desired common goals?
Indicators	3.1 Whether the Government of Mozambique and partners acknowledge the contribution of UN Joint Programme on HIV in the 13 areas of intervention 3.2 Level of engagement and alignment of UN Joint Programme on HIV with other development partners 3.3 Level of engagement of UN Joint Programme on HIV with the Government of Mozambique, as reported by the Government

EQ3 refers to the ability of the UN Joint Programme to work with other partners and whether the Government of Mozambique acknowledges the work of the Joint Programme in the 13 areas mentioned in the theory of change.

The Government of Mozambique and partners acknowledged the contribution of the Joint Programme in the following areas: support to promote availability and quality of data; support to increase awareness; support to provide prevention services, especially for young people; support to increase availability of services to key populations; support to promote people-centred HIV care and reduction of stigma; support to strengthen

health systems; and normative guidance. The convening power of UNAIDS to mobilize a diverse group of actors was acknowledged.

UNAIDS Country Office support to provide data on HIV is the major contribution of the Country Office seen by partners. The UNAIDS Country Office produces HIV estimates and helps to track national spending on HIV in national AIDS spending assessment (NASA) reports. These data are used by a variety of actors.

Partners report the importance of the work of other agencies in promoting prevention services (e.g. distribution of condoms by UNFPA, the Rapariga Biz programme), the engagement of the UNAIDS Country Office in bringing civil society to the policy discussions, and the support of UNAIDS Country Office and UNDP in promoting people-centred HIV care, human rights and reduction of stigma.

There are many other areas in which the UN Joint Programme works but is less visible to the partners interviewed, including support to increase HIV testing by IOM; support to improve the legal framework by several agencies in the various working groups; and the Spotlight Initiative through UNDP, UNFPA, UNICEF and UN Women.

The Government of Mozambique and partners partially acknowledged the contribution of UN Joint Programme on HIV in the 13 areas of intervention (2 on a scale of 1–3). A problem of visibility was identified: what the UN Joint Programme does is not clearly communicated among key HIV partners and the general public (e.g. via websites). Significant resources are allocated for nutritional programmes (WFP), testing of key populations (IOM) and sensitization in work settings (ILO), but these are not always visible to the representatives of the Government interviewed and other HIV partners.

The evaluation looked very specifically at HIV partners and health actors from the Government of Mozambique. It is likely that if partners in the ministries of justice, labour, women and education were interviewed, a different picture would emerge. Nevertheless, if the focus is on “delivering as one” and making the contribution of the United Nations clear to all, more must be done for key partners to be able to identify the United Nations role and contributions in the country.

Almost all partners said they do not see WHO as active in the area of HIV compared with other diseases such as TB, even though WHO has played an important role in technical advice and assisted in the evaluation of the National Strategic Plan for HIV and supported the Ministry of Health to update the national guidelines on post-exposure prophylaxis, antiretroviral therapy (including development of the dolutegravir transition plan) and differentiated service delivery.

UNAIDS Country Office focuses on political advocacy, strategic policy advice and technical support, working across sectors under a human rights framework. It is meant to focus on five core aspects of the response: information, investment, inclusion, integration and innovation (16). In Mozambique, this role is very clear, with information being upfront. It is important to note that UNAIDS, as part of the United Nations, is seen as having a crucial role in convening different actors and mediating the debate. UNAIDS is seen as a valuable and neutral partner that helps to ease the tensions that sometimes arise between the Government of Mozambique and the bilateral cooperation. UNAIDS is also acknowledged for its efforts to bring civil society organizations to the table and help with negotiations between them and the international community.

The agenda of “leaving no one behind” is well acknowledged, and the role of UNAIDS in addressing stigma was referred to by key informants. Key achievements include the introduction of more dialogue with civil society by PEPFAR after a country operation plan meeting in Johannesburg, when UNAIDS Country Office was involved in bringing civil society organizations to the table. Another example was when the heads of the Global Fund, PEPFAR and UNAIDS came together in 2016 to the Ministry of Health to reinforce the need to adopt the new treatment standard—which was then introduced.

The UNAIDS Country Office assists Mozambique to take HIV out of isolation, creating synergy between HIV and other sectoral policies and helping to share infrastructure to address HIV with other diseases. Key strategic achievements in policy dialogue and technical advice include support of the Joint Programme to the baseline study for human rights in the country, which produced data to inform the Global Fund. In addition, the Joint Programme has helped bring in new ideas such as south–south exchange, but these are not always visible to the Government of Mozambique.

The work of the Joint Programme in promoting community support to strengthen the health system is noted by key partners in the country.

There is evidence of a high level of engagement and alignment of the Joint Programme with key partners (3 on a scale of 1–3), but less so with smaller partners. Since the Global Fund and PEPFAR are the largest donors in the area of HIV, UNAIDS Country Office dialogue efforts are directed towards them. Partners acknowledge the contribution of UNAIDS Country Office in advocacy and policy dialogue.

Mozambique adopted the Fast-Track Commitments in a high-level meeting in 2017. At the time, the Government of Mozambique went to New York with Members of Parliament and representation of the

National AIDS Council, with the assistance of UNAIDS Country Office. As a result of this mission, UNAIDS Country Office helped to domesticate the Commitments to Mozambique and the targets were included in the Strategic Plan.

UNAIDS Country Office also mobilized the Global Fund and PEPFAR to launch the 90–90–90 initiative and lobbied to include Maputo in the Fast-Track Cities initiative. UNAIDS Country Office has helped to engage Mozambique in the Global Prevention Coalition and revitalize HIV prevention.

More broadly, the Joint Programme provides technical advice on many fronts, helping to devise new legislation and protocols (see EQs 4–7). The UN Joint Programme supported consultations for drafting family law, inheritance law, and child marriage and juvenile justice acts; this resulted in approval of the Law on the Preventing and Combating Premature Unions (19/2019), which prohibits people aged under 18 years from engaging in any form of premature union.

The Joint Programme supported elaboration of the national condom strategy and development of policies for mother-to-child transmission. However, even though the Joint Programme has been providing the government with technical support, policy advice and advocacy, there is a concern from some actors, that sometimes the United Nations is very operational, overshadowing its strategic role.

There is a high level of engagement between the Joint Programme and the Government of Mozambique, despite some operational concerns over reporting and doing work that does not involve the Government or of which the Government is not aware. The level of engagement and alignment is considered partial (2 on a scale of 1–3). The Government has concerns about not being fully aware of the engagement of the Joint Team in the country. There are no conceptual misalignments, but there is concern over how to better align implementation with the Government structure and communication. Cosponsors reported a problem of coordination within the Government, with overlapping structures at national and local levels. Aligning operations with Government structures may require further work. A clear United Nations strategy presented to key heads of the Government may help towards this alignment.

Over the past few years, the UNAIDS Country Office has focused on supporting the implementation of the National AIDS Plan (PEN) and further deepened its work on strategic information, support for key populations and civil society organizations. Currently, there is a focus on technical issues, looking at the role of UNAIDS Country Office in producing strategic information and making the link between global goals and domestic policies. There is also a greater focus on prevention.

With UBRAF country envelope funding, the Joint Programme supported the development and implementation of the Accelerated Plan for Elimination of Mother-to-Child Transmission of HIV and Syphilis 2018–2020. With continuous support from the Joint Team, the Ministry of Health developed the 2019–2023 plan for triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis. This included a situation analysis, data collection and consultation with provincial teams in 2018. The plan was approved by the First Lady in 2020. A specific treatment plan was drafted for children and adolescents.

In addition, the Joint Programme helped to create guidelines for harm reduction for key populations. It reviewed several antiretroviral therapy guidelines and helped to promote campaigns such as Undetectable = Untransmissible. The Joint Programme has worked to push for more ambitious targets and promote linkages between HIV and other diseases.

The United Nations helps to advocate for the human rights agenda and a more people-centred approach to development. ILO, UNDP and UNAIDS Country Office, for instance, have longstanding anti-stigma and anti-discrimination work at the policy level involving Members of Parliament. The Joint Team has worked to advocate with the Ministry of Health to address stigma in health settings (which is still strong in local health facilities). The education component is also present through UNESCO, which trains teachers on sexual and reproductive health and includes discussion around HIV.

Box 4: Findings related to efficiency

- EFFICIENCY 5: the Government of Mozambique and partners acknowledge the contribution of the UN Joint Programme specially in the areas of support to promote availability and quality of data; support to raise awareness; support to provide prevention services, especially for young people; support to increase availability of services to key populations; support to promote people-centred HIV care and reduction of stigma; support for health systems strengthening; and normative guidance. Even though there are important United Nations contributions in other areas, they may not be so visible to partners working in HIV. A gap in communication from the United Nations was identified.
- EFFICIENCY 6: UNAIDS has a crucial role in convening the different actors and mediating the debate. It is a valuable and neutral partner that helps to ease the tensions that sometimes arise between the Government of Mozambique and the bilateral cooperation. UNAIDS Country Office is acknowledged in its efforts to bring civil society organizations to the table and to negotiate between them and the international community. The agenda of “leaving no one behind” and the work around stigma is well acknowledged by key partners.
- EFFICIENCY 7: there is a high level of engagement and alignment with key partners on HIV in Mozambique, but less so with smaller partners. UNAIDS Country Office plays an important role in the area of advocacy. UNAIDS helps the Government of Mozambique to domesticate global commitments and bring new issues to the table.
- EFFICIENCY 8: there is a high level of engagement with, and collaboration between, the Joint Programme and the Government of Mozambique, but concerns exist over terms of implementation, such as Joint Programme not fully informing the Government about its work and doing work in parallel to the Government. Cosponsors reported a problem of coordination within the Government, with overlapping structures at national and local levels. Aligning operations with Government structures may require further work in the future. A clear strategy from the United Nations presented to key heads of the Government could help with alignment at the highest possible level, leading to clear agreements on who does what and when.

Evaluation criterion 3: effectiveness

EQ4	To what extent did the Joint Programme contribute to improved standards and practice of prevention, diagnosis, treatment, care and strategic information on HIV?
Indicators	4.1 Improved prevention practices acknowledged by the Government of Mozambique and development partners based on key contributions 4.2 Improved diagnosis acknowledged by the Government of Mozambique and development partners based on key contributions 4.3 Improved treatment acknowledged by the Government of Mozambique and development partners based on key contributions 4.4 Improved strategic information acknowledged by the Government of Mozambique and development partners based on key contributions

This question looks in more details at specific contributions achieved by the Joint Programme as acknowledged by the Government of Mozambique and development partners. The most significant initiatives in prevention, diagnosis and treatment mentioned by Government officials were Rapariga Biz, Transport Corridors and the Spotlight Initiative.

Rapariga Biz is led by UNFPA, involves UNESCO, UNICEF and UN Women, and is funded by the Swedish Embassy, the Government of Canada and DFID. Transport Corridors is conducted by IOM and WFP. The Spotlight Initiative is led by UNDP, involves UNFPA, UNICEF and UN Women, and is funded by DFID.

UNODC also helps to address HIV prevention and diagnosis for key populations in prison and people who use drugs, including by providing training on gender-based violence, human rights and HIV, but this initiative is still in its early stages.

A total of US$ 2 922 800 had been allocated for Rapariga Biz by December 2019 *(17)*. Rapariga Biz was launched in May 2016. It is implemented through Geração Biz, the sexual and reproductive health programme, under the Ministry of Youth and Sports, in collaboration with the ministries of health, education, human development, justice, gender and social assistance.

Rapariga Biz targets vulnerable adolescents and young women aged 20–24 years. It aims to help girls and young women make better-informed decisions about their sexual and reproductive life by raising awareness about prevention of unplanned pregnancy, delaying marriage, and prevention of HIV and other sexually transmitted infections.

In 2019, youth from 33% of secondary schools in Mozambique had access to sexual and reproductive health services through the initiative. At least 50 000 adolescents and youth in Tete province received community-based family planning support to prevent unplanned pregnancies and sexually transmitted infections *(17)*. In 2019, 26% of the girls involved in the programme received HIV testing and only 0.3% of girls aged 10–19 years became pregnant.

Beyond Rapariga Biz, UNFPA leads the My Choice initiative, which aims to improve sexual and reproductive health services for young people. It is financed by the Government of the Netherlands and focuses on Cabo Delgado and Tete provinces. My Choice aims to strengthen health systems to increase the availability of family planning methods and improve access to information about sexual and reproductive health and rights.

In 2018, 94% of pregnant women were tested for HIV as part of antenatal care in Cabo Delgado, Nampula, Niassa and Tete. In 2019, 101% of pregnant women were tested (some double-testing occurs) for HIV as part of antenatal care in selected provinces and 94% of people aged 15–24 years had comprehensive knowledge about sexual and reproductive health and HIV prevention *(17, 18)*. This is the most visible community level initiative of the UN Joint Programme with well-documented results.

The Spotlight Initiative is a global partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030. For Mozambique it has allocated US$ 20 901 200 between 2018 and 2022. The Spotlight Initiative focuses on sexual and reproductive health and rights. In 2019 it worked with 32 940 adolescent girls on sexual and reproductive health and rights using 1000 mentors *(19)*. It has also raised awareness by broadcasting 15 episodes of the radio drama *Ouro Negro*, reaching 540 000 people on 116 national, provincial and community radio stations. *Ouro Negro* addresses issues of early marriage, sexual and reproductive health, gender equality, HIV and child rights. The Spotlight Initiative only started in Mozambique in 2019, but it is a key contribution from the agencies involved.

The Transport Corridors project targets roads in southern and central Mozambique. The southern region has the country's highest prevalence of HIV and includes Maputo and transport corridors linking Maputo with Johannesburg and Mbabane, Swaziland. These areas have high levels of sex work and transactional sex, which increase the risk of HIV infection. The Transport Corridors project is carried out by IOM, UNFPA and UNICEF. It involves prevention activities targeting migration-affected communities along the southern transport corridors and aims to reduce the vulnerability to HIV of women and girls in hotspots. It involves community mobilization to promote awareness, HIV testing and counselling, and antiretroviral therapy follow-up. The project also includes truck drivers.

WFP, in collaboration with IOM, UNICEF and WHO, launched a new HIV project in one of the main transport corridors of Mozambique, the Beira Corridor, which is also one of the hotspots for HIV transmission. This project aims to increase access to HIV and TB prevention and treatment services, sexual and reproductive services and general primary care. It is particularly targeted at key groups for HIV transmission, such as truck drivers, female sex workers, and adolescent girls and young women. North Star Alliance is the implementing partner, offering the services at a container facility. The project benefits from full support from the Government of Mozambique.

Truck drivers were included in the Global Fund proposal due to an intervention of United Nations agencies involved in the project. A highlight of this initiative is the effort to follow up on treatment of people from key populations. There is active follow up with each person who goes through the frontier health posts, such as following up on HIV testing and starting antiretroviral therapy. As retention in treatment is a key problem, mainly due to stigma, support to programmes following up individuals by telephone and making sure they continue treatment may be an area for the Joint Programme to look at further.

Prevention services have been offered by the UN Joint Programme in the context of emergency situations such as the Idai and Kenneth cyclones and the violence in Cabo Delgado. UNFPA delivered 604 710 reproductive health services after Cyclone Idai, and 279 622 after Cyclone Kenneth *(17)*.

WFP implemented significant interventions after the cyclones, including delivering key information by radio about prevention and treatment of HIV and TB and nutrition. The original purpose of the country envelope for WFP was to invest in capacity-building of the Government of Mozambique to enhance registration systems for the nutrition rehabilitation programme; following the cyclones, however, WFP reprogrammed its activities. The initiative involved going into communities and promoting debates around HIV, nutrition and TB. With eruption of violence in Cabo Delgado, activities have been suspended.

Malnutrition is associated with low retention in antiretroviral therapy. WFP provides food security support to 2–3 million people in Mozambique. A study commissioned by IOM found that even though HIV is a general development issue in Mozambique, it is not placed as a priority for emergency contingency planning, leading to an absence of clear guidelines to address the problem in emergency contexts *(20)*. However, the Joint Programme has advocated for HIV to be integrated in emergency planning and responses. As part of the emergency response, Cosponsors were actively integrated in all clusters (water, sanitation and hygiene; child protection; gender and gender-based violence; nutrition) to ensure services for people living with HIV were factored into planning. HIV is now included in the national emergency response guidelines of the National Institute for Disaster Management (INGC in Portuguese). WFP has also advocated to build the link between emergencies and social protection.

Even with these initiatives, HIV testing and treatment are areas in which the Government of Mozambique and key partners still have only partial knowledge (2 on a scale of 1–3) about the United Nations contribution. The areas that stand out (i.e. are mentioned by the partners interviewed) are prevention, human rights, key populations and strategic information; the efforts around NASA are especially mentioned and appreciated. There is a consensus from partners about the contribution of UNAIDS Country Office to strategic information (3 on a scale of 1–3).

Mozambique has seen an increase in HIV testing levels, especially with the assistance of PEPFAR. There is a move towards self-testing and community testing and discussions about community pharmacy, areas in which the Joint Programme is engaged. An issue of concern is the potential lack of confidentiality, that is a big issue also due to the context of stigma in the country. There is also the need to increase HIV testing for men through tailored packages of services, as testing rates in men are lower than in women.

Interviews with key stakeholders show wide acknowledgement about the importance of the Rapariga Biz initiative, which has been running consistently since 2016 and targeted a high number of girls and young women. There is little awareness from stakeholders beyond the United Nations, however, of IOM and WFP initiatives. The Government of Mozambique and development partners do acknowledge the United Nations experience in prevention, even though partners may have only partial acknowledgement of the contribution of the United Nations for improved HIV testing and treatment practices (1 on a scale of 1–3). The Spotlight Initiative has a national civil society organization reference group made up of women's organizations from different areas of work and including women living with HIV. It is important to mention that even though

several interviewees called for more joint implementation among the Cosponsors, some relevant initiatives are clearly examples of joint work (e.g. Rapariga Biz, Transport Corridor, Spotlight Initiative). These initiatives are managed beyond the UN Joint Programme on HIV.

Box 5: Findings related to effectiveness

- EFFECTIVENESS 1: key initiatives of the Joint Programme address prevention, testing and treatment at different levels (e.g. Rapariga Biz, Transport Corridors, Spotlight Initiative). IOM has successfully reached out to people on antiretroviral therapy on the Mozambique–South Africa border. Considering the problems in Mozambique with retaining people on antiretroviral therapy, this may be worth exploring further.
- EFFECTIVENESS 2: the UN Joint Programme has provided support during emergencies such as the Idai and Kenneth Cyclones and the eruption of violence in Cabo Delgado, such as emergency food and sexual and reproductive health services. HIV needs to be further considered in emergency assistance planning, although there has been some important progress in this area.
- EFFECTIVENESS 3: there are examples of key initiatives of joined work among the various agencies (e.g. Rapariga Biz, Transport Corridors, Spotlight Initiative) that involve HIV. These initiatives seem to have their own separate spaces of coordination, however, which do not necessarily include dialogue with the UN Joint Programme on HIV.

EQ8	To what extent has the COVID-19 pandemic impacted on the work around the HIV epidemic and response?
Indicators	8.1 Scope, focus and volume of activities before and after the COVID-19 pandemic 8.2 Resources devoted to HIV before and after the COVID-19 pandemic

Data from the interviews show that COVID-19 has had an important impact on HIV work. Services such as HIV testing and sessions for young girls and adolescents have been suspended or adapted. There are concerns about keeping civil society engaged in the fight against HIV, as it is more difficult to promote meetings during COVID-19. It is also reported that there are increasing levels of gender-based violence.

At the same time, there have been some positive consequences, such as the acceleration of certain measures. One example is the expansion of multi-month dispensing of antiretroviral medicines (moving from supplies for one month to supplies for three to six months). This type of adaptation was also extended to children on treatment.

Organizations have had to find new ways to keep up with their work, including messaging via SMS, community radio and WhatsApp and using innovations such as solar-powered tablets to reach remote areas of the country.

The HIV programme of the Government of Mozambique drew up clear guidelines to manage the flow of people living with HIV in health centres. United Nations agencies reprogrammed activities to address vulnerabilities related to COVID-19. UNAIDS Country Office distributed hygiene kits to organizations of people living with HIV. Civil society organizations have demanded training (e.g. managerial skills, sustainability) to enhance their work.

The key resource diverted from HIV to COVID-19 was staff time. The COVID-19 pandemic mobilized everyone to adjust to new work modalities, adapt project activities, take up new demands from the most vulnerable groups and reprogramme project activities (e.g. providing cash and in-kind assistance to vulnerable communities instead of HIV awareness for young girls). Government staff had to focus on the new pandemic, redirecting HIV health facilities and other structures to COVID-19.

An interesting feature of COVID-19 is the issue of stigma around it. There were public statements on social media against people with COVID-19. To counterbalance this, the Government of Mozambique aimed to change behaviour; for example, the Minister of Health tested positive and spoke about it publicly.

Box 6: Findings related to effectiveness

- EFFECTIVENESS 4: data from the interviews show that COVID-19 has had an important impact on HIV, with negative and positive consequences. With the COVID-19 pandemic, some services have been suspended or adapted, such as HIV testing and sessions for young girls and adolescents. There are concerns about keeping civil society engaged. Levels of gender-based violence seem to have increased. At the same time, however, there have been positive consequences, such as the acceleration of certain measures, including multi-month dispensing of antiretroviral medicines.
- EFFECTIVENESS 5: social media carried public statements against people with COVID-19. To counterbalance this, the Government of Mozambique aimed to change behaviours – which echoes similar approaches taken in the context of the HIV response in the past.

Evaluation criterion 4: impact

EQ5	To what extent has the Joint Programme contributed to achieve the 10 global commitments for Mozambique
Indicators	5.1 Percentage of people living with HIV disaggregated by gender, age and key populations 5.2 Percentage of AIDS-related deaths disaggregated by gender, age and key populations 5.3 Percentage of adolescents and youth aged 15–24 years tested for HIV in past 12 months who received results (UNDAF-related indicator) 5.4 Percentage of people living with HIV who know their HIV-positive status 5.5 Percentage of people who know their HIV-positive status receiving sustained antiretroviral therapy 5.6 Percentage of people receiving antiretroviral therapy with viral suppression

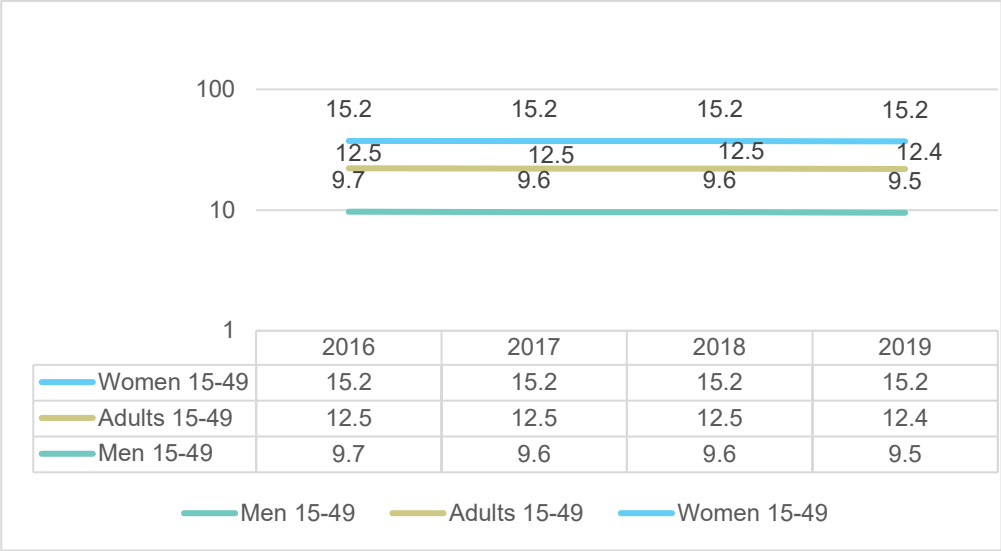
HIV is a complex problem with the influence of many factors and in which a great number of actors work. There cannot be any direct attribution of results to the work of the Joint Programme alone in Mozambique in the decrease of infection or mother-to-child transmission rates or the increase of treatment rates.

Looking at HIV key indicators and the role of the Joint Programme in the related areas in Mozambique may be helpful to understand gains and gaps in the country and likely contributions of the UN Joint Programme on HIV.

The estimated percentage of people living with HIV disaggregated by gender and age from 2016 to 2019 has remained relatively stable (15.2% for women, and 9.7% and 9.5% for men in 2016 and 2019, respectively)

Despite the resources directed to Mozambique and the actors working on HIV, there are still serious bottlenecks to be identified and overcome. In the context of high HIV incidence, Spectrum estimates for 2020 indicate a declining trend in the number of new HIV infections. In 2019 the HIV incidence in Mozambique was one of the highest in the world.

Figure 4. HIV prevalence by sex and age

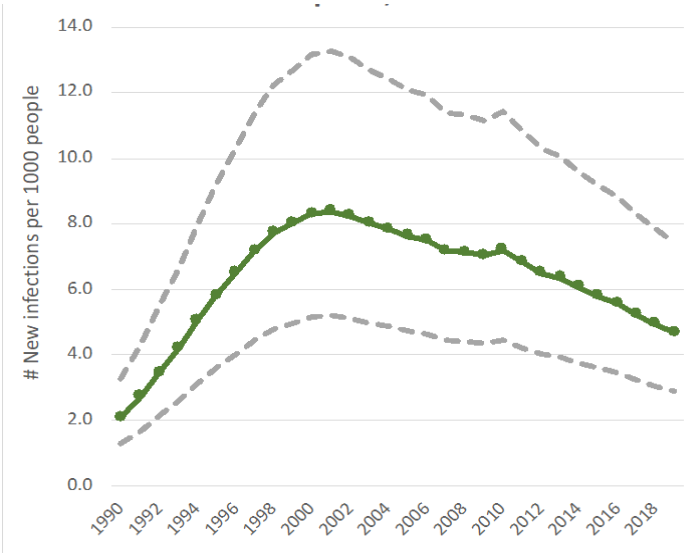


	2016	2017	2018	2019
Women 15-49	15.2	15.2	15.2	15.2
Adults 15-49	12.5	12.5	12.5	12.4
Men 15-49	9.7	9.6	9.6	9.5

Source: Mozambique HIV UNAIDS estimates 2020 https://www.unaids.org/en/regionscountries/countries/mozambique.).

From 2016 to 2019, incidence reduced from 5.05 to 4.37 per 1000 people (Figure 5) *(2)*. Mozambique is among the countries presenting the largest reductions in annual HIV infections. Since 2010 the number of new infections has reduced by 17%.

Figure 5. HIV incidence (per 1000 people)

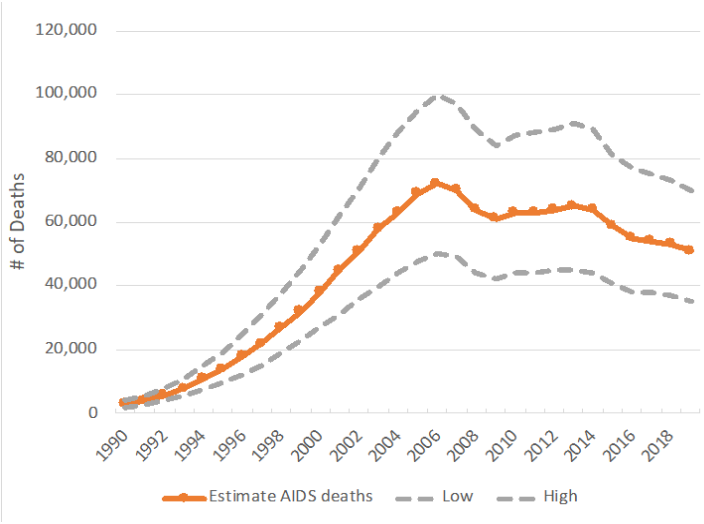


Source: Mozambique HIV UNAIDS estimates 2020 https://www.unaids.org/en/regionscountries/countries/mozambique.).

Between 2010 and 2019 there was a decrease in the estimated number of total AIDS-related deaths per year, with a cumulative change of –20% (Figure 6). This is related to the increase in antiretroviral therapy.

A total of about 9 787 400 HIV tests were carried out in 2018 and 8 842 000 in 2019. There are no data to show the percentage of adolescents and youth who have received test results.

Figure 6. Estimated number of AIDS-related deaths per year



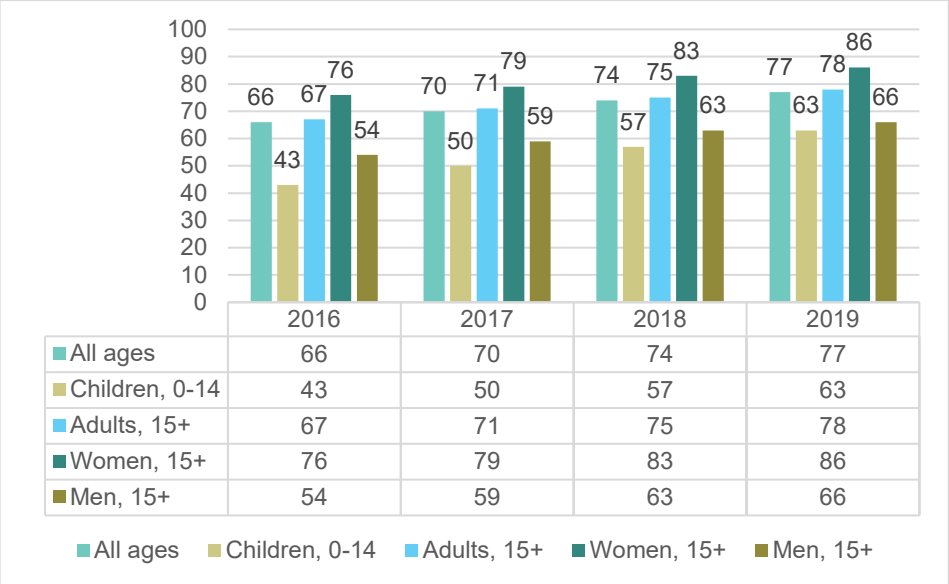
Source: Mozambique HIV UNAIDS estimates 2020 https://www.unaids.org/en/regionscountries/countries/mozambique.

Data for HIV prevalence in key populations come from outdated Ministry of Health reports *(21, 22)* and are not considered here.

Mozambique is falling short of meeting the 90–90–90 targets, but it is progressing in all of them. The percentage of people living with HIV who know their HIV-positive status grew from 66% in 2016 to 77% in 2019 (Figure 7). Women lead this result (76% in 2016, 86% in 2019), almost meeting the global 90% target. The percentage of men aware of their HIV-positive status is much smaller but improving (54% in 2016, 66% in 2019). Progress in children has been significant (43% in 2016, 63% in 2019).

These data demonstrate the progress in the area of testing, the problem of men being less aware of their status than women, and the significant progress seen in children, to which the UN Joint Programme may be contributing.

Figure 7. Percentage of people living with HIV who know their HIV-positive status



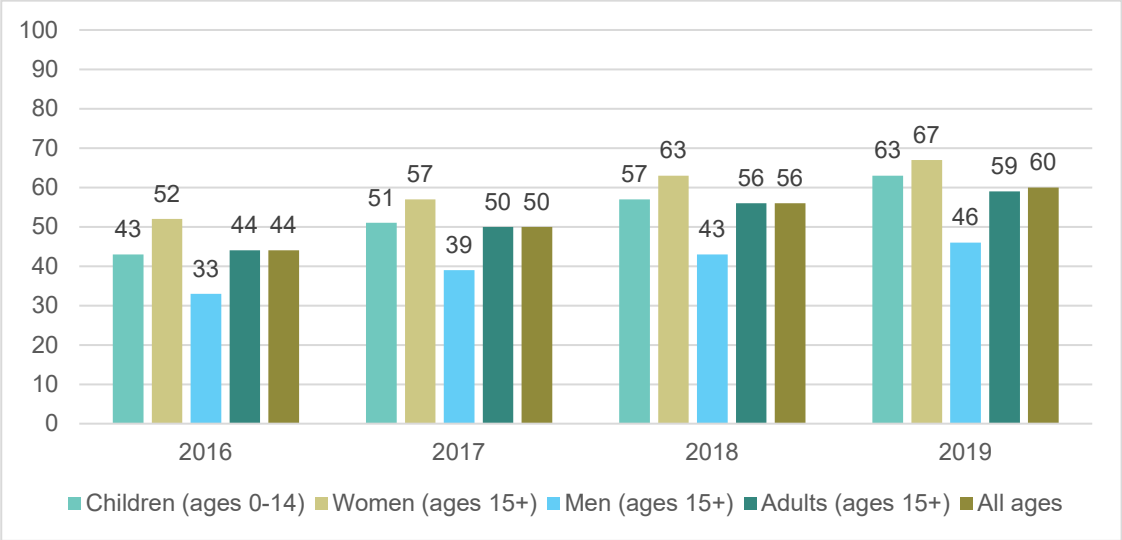
	2016	2017	2018	2019
All ages	66	70	74	77
Children, 0-14	43	50	57	63
Adults, 15+	67	71	75	78
Women, 15+	76	79	83	86
Men, 15+	54	59	63	66

Source: Mozambique HIV UNAIDS estimates 2020 https://www.unaids.org/en/regionscountries/countries/mozambique.).

The percentage of people who know their HIV-positive status on sustained antiretroviral therapy has improved significantly, but the country is not meeting the global target (Figure 8). There was an increase in the percentage of people receiving antiretroviral therapy between 2016 (44%) and 2019 (60%). There is a higher percentage of women (52% in 2016, 67% in 2019) than men (33% in 2016, 43% in 2019) on antiretroviral therapy. There has been a significant increase in children on antiretroviral therapy (43% in 2016, 63% in 2019).

These data suggest joint efforts to increase antiretroviral therapy are yielding results. IOM, UNICEF and WFP work to keep people from key populations on antiretroviral therapy may be contributing to the larger efforts of other key partners such as the Global Fund and PEPFAR.

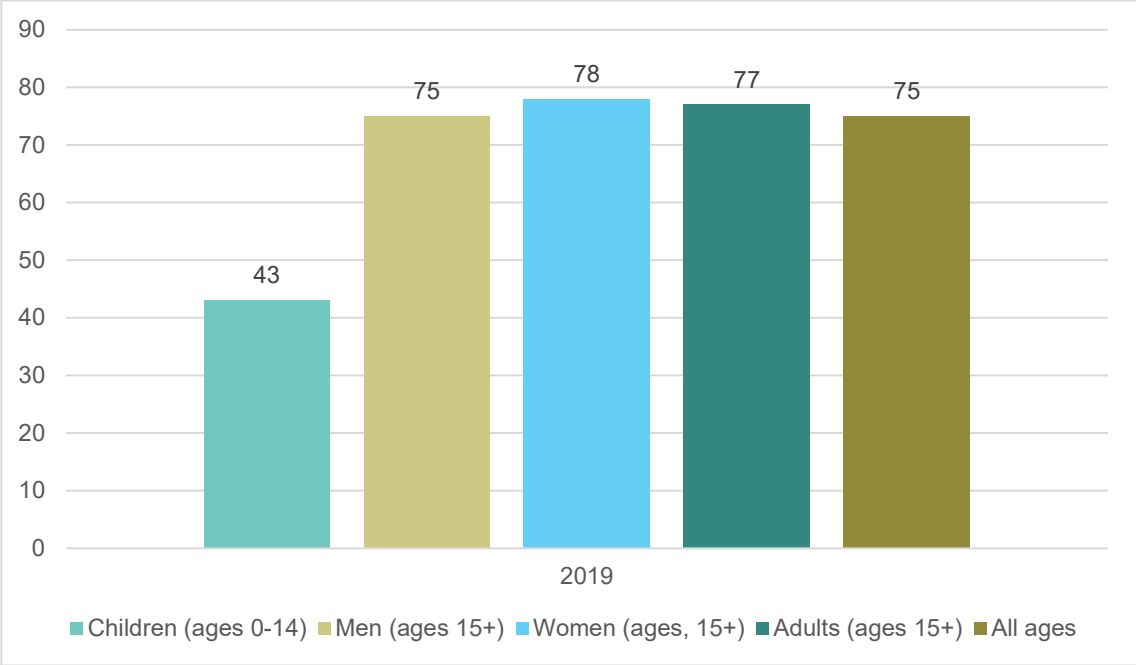
Figure 8. Percentage of people who know their HIV-positive status on antiretroviral therapy



Source: Mozambique HIV UNAIDS estimates 2020 https://www.unaids.org/en/regionscountries/countries/mozambique.).

In 2019, 75% of people on antiretroviral therapy had suppressed viral loads (78% women, 75% men, 43% children) (Figure 9).

Figure 9. Percentage of people on antiretroviral therapy with suppressed viral loads



Source: Mozambique HIV UNAIDS estimates 2020 https://www.unaids.org/en/regionscountries/countries/mozambique.

Annex 7 provides a full list of the UBRAF-related indicators to achieve the 10 Fast-Track Commitments. The indicators that reported change in the period of the evaluation (2016–2020) and for which there are qualitative data derived from the evaluation process are highlighted and analysed in Annex 8. Triangulation between UBRAF reporting and the indicators showed the following:

- Measures to increase retention of children and adolescents on antiretroviral therapy are reported from 2017 onwards. This has been an important achievement in the evaluation period. There was a significant increase in the percentage of children living with HIV on antiretroviral therapy (43% in 2016, 63% in 2019).
- There may be formal integration of HIV in Mozambique's national emergency and preparedness and response plans, but this was not found in the course of the evaluation. There are concerns that HIV is still

being neglected during emergencies. This includes lack of provision of cash transfers to people affected by emergencies.

- The UBRAF report suggests the Joint Team has played an important role in reducing mother-to-child transmission of HIV.
- Despite negative reporting on the alignment of national education monitoring systems according to Interagency Task Team (IATT) recommendations, the evaluation found important efforts to include sexual and reproductive health education in schools. UNESCO work may offer further opportunities to advance this alignment.
- Strengthening of the UNODC office in Mozambique may be an opportunity to address HIV in people who inject drugs. There were problems with UBRAF reporting in this area, most likely because the Joint Team has not previously worked intensely in this area.
- The area of legal mechanisms and training to address stigma may be an opportunity for further Joint Programme work.

Box 7: Findings related to impact

- IMPACT 1: progress in HIV-related indicators in Mozambique is the result of collective efforts by the Government of Mozambique, key donors such as the Global Fund and PEPFAR, the Joint Programme, civil society organizations and other stakeholders. There cannot be direct attribution for outcome- and impact-level results in the country to the UN Joint Programme alone. There are significant results in terms of the number of people aware of their HIV-positive status (66% in 2016, 77% in 2019). Women lead this result (76% in 2016, 86% in 2019), almost meeting the global 90% target. The number of men aware of their HIV-positive status is smaller but increasing (54% in 2016, 66% in 2019). The progress in children has been significant (43% in 2016, 63% in 2019). These data demonstrate progress in the area of testing, the problem of men being less aware than women of their HIV status, and significant progress in children, to which the UN Joint Programme may be contributing by reducing mother-to-child transmission and following up on children who test positive.
- IMACT 2: from 2016 to 2019, HIV incidence reduced from 5.05 to 4.37 per 1000 people. Other indicators are also improving. Between 2016 and 2019, the estimated number of AIDS-related deaths decreased by 9.2%. This is a result of the increase in antiretroviral therapy. There was an increase in the number of people receiving antiretroviral therapy between 2016 (44%) and 2019 (60%). Women lead (52% in 2016, 67% in 2019). Despite some progress, significantly fewer men in the country are accessing antiretroviral therapy (33% in 2016, 43% in 2019). There was a significant growth in the number of children on antiretroviral therapy (43% in 2016, 63% in 2019). Joint efforts to increase treatment are yielding results. The work of the Joint Team in helping to keep people from key populations on antiretroviral therapy contributes to the larger efforts of other key partners such as the Global Fund and PEPFAR.
- IMPACT 3: the evaluation confirmed that measures to increase retention of children and adolescents on antiretroviral therapy are an important achievement. UBRAF reporting shows a formal integration of HIV in Mozambique's national emergency and preparedness and response plans, but this may be improved further with social protection for people affected by HIV and emergencies. UNESCO work may offer an opportunity to further advance the alignment of national education monitoring systems with IATT recommendations. Strengthening of the UNODC office may be an opportunity to address the HIV epidemic in people who inject drugs.

Evaluation criterion 5: sustainability

EQ6	Are national partners committed to the efforts towards ending HIV as a public health threat in Mozambique?
Indicators	6.1 Technical capacity developed within partner institutions for continuing work in the future, as reported by the Government of Mozambique and key partners through improved practices

	6.2 Resources (financial, staff numbers) allocated for continuation of the agenda by the Government of Mozambique and other partners 6.3 Adequacy of legislation, policies and programmes developed to strengthen fight against HIV within the timeframe of the programme, as reported by key stakeholders 6.4 Whether the programme contributed to strengthening the health system 6.5 Number of key sectoral plans operationalized in line with PEN IV (2015–2019)

United Nations technical support to reduce the burden of communicable diseases, with a focus on HIV, TB and malaria, has taken the form of training workforces; supporting the development of strategic documents and guidelines; and responding to emergency situations to ensure continuity of health services, such as responding to disease outbreaks during national disasters or unrest.

A total of 175 community health workers were trained in finding patients lost to follow-up. Of these, 60 polyvalent community health workers and 28 community health workers searched for pregnant women to ensure retention on antiretroviral therapy in 7 districts of Zambezia and Sofala provinces, in liaison with youth-friendly health centres and the prevention of mother-to-child transmission programme. Additional training was offered for data quality systems and maternal and child health care.

Human resources still need improvement in number and quality to reach adequate coverage and sustainable provision of health services. There is a perception from key actors that the capacity of the Government of Mozambique to deliver health services is very limited—but at the same time, Government leadership is acknowledged. Capacity is increasing, however. There are also problems with qualified Ministry of Health staff choosing to serve in international programmes, which offer them more benefits.

Technical capacity of the Joint Programme was assessed as showing a partial improvement (2 on a scale of 1–3), considering the needs and demands in place.

The Joint Team provided technical and financial support in various areas, such as the work in progress for elaboration of the new National Health Policy, the Health Financing Strategy, and the creation of a platform for policy dialogue in health among the partners.

Mozambique relies heavily on external support to finance national health care. Although there has been a decrease in external funds from some donors, overall investments in health have increased over time, mainly due to increases from partners such as the Global Fund and PEPFAR and the Government of Mozambique.

Mozambique is still very heavily dependent on external resources to finance HIV, and there are no indications of any significant changes for the next UNDAF cycle. Exact figures for funding from the Government of Mozambique for HIV in the timeframe of the programme were not available.

The UN Joint Programme has contributed strategically at the highest level with advocacy on strategic topics among donors.

Overall Mozambique is progressive in terms of HIV-related policies and norms. The country adopts WHO and UNAIDS guidelines, but there is a problem with implementation. The Joint Programme supported the review on human rights and access to HIV services for key and vulnerable populations.

As well as the law against discrimination of people living with HIV in the workplace, other recent reviews and approvals include legislations for the protection of women and girls, inheritance and child marriage laws, and reform of the Penal Code. The Law on Preventing and Combating Premature Unions (19/2019) totally prohibits people aged under 18 years from engaging in any form of premature union. This was a major achievement within the evaluation period. Other legislation includes the Family Law (2019) which states wedding promises should be null if one of the partners was aged under 18 years. The Law of Criminal Code (2019) increases penalties for gender-based violence.

NSP IV sets out a human-rights-based approach to the national HIV response, which underscores the need to address HIV-related stigma and discrimination and remove barriers to HIV services.

Legislation protecting people living with HIV has been approved and is in the process of revision. UNDP, UNAIDS Country Office and other United Nations agencies are involved in the process. WHO, UNODC and UNAIDS Country Office supported a review of the law on drugs.

Interviewees were unanimous in stating how law reinforcement is a challenge in Mozambique, especially when trying to address harmful traditional practices or norms. Legislation and principles within policies and

programmes can be considered adequate to a large extent (3 on a scale of 1–3), even though many challenges with enforcement and implementation remain.

Health system strengthening often takes the form of capacity-building of health-care workers at the Ministry of Health, facility and community level. In 2019, the Joint Programme provided support to the Ministry of Health to increase midwifery capacity at the national and subnational levels.

The Joint Programme supported the Ministry of Health to train community health workers and volunteers to expand access to primary health care, improve retention in care, and decrease the number of people lost to follow-up. Community-level efforts are scattered, however, and do not always receive full attention at the national level. The national health system is still weak in delivering due to underfunding and weak management systems. Forty per cent of the population has to walk at least 45 minutes to reach a health centre. Human resources and infrastructure are great challenges for Mozambique, and the frailty of the health system is a concern for everyone in the face of the COVID-19 pandemic. The Joint Team played a limited role in this area (2 on a scale of 1–3).

The United Nations continued to provide technical assistance for the development of operational plans aligned with national sectoral policies and reflected at all levels. No data are available on the number of key sectoral plans operationalized in line with NSP IV. The United Nations helped with design of sectoral plans in line with NSP IV at the national and district levels. The United Nations supported the development of a cold-chain equipment optimization plan. A data quality improvement plan for 2018–2020 and district-level plans for gender-based violence contingency were developed for 34 districts in Cabo Delgado and Zambezia.

In 2020, the United Nations supported the development of the funding request to the Global Fund on non-health outcomes that influence health (gender equality, child protection and inclusion, nutrition):

- The United Nations supported the design and implementation of a child grant case management component and developed and piloted a vulnerability tool to identify grant beneficiaries facing multiple vulnerabilities and protection risks in collaboration with the Ministry of Gender, Children and Social Action, the National Institute for Social Action and the International Child Development Programme.
- The United Nations supported the National Institute for Social Action and national planning meetings, where the monitoring and evaluation system was discussed and adopted.
- The UN Joint Programme helped to translate PEN IV to workplaces through ILO by establishing prevention and testing in public institutions.

One way to increase sustainability may be to bring more civil society and private actors to the table to develop capacity in the Government of Mozambique and more broadly. Private companies from Mozambique might be interested in becoming involved in the HIV-related supply chain.

Key stakeholders have conflicting views over the priority given to HIV by Government officers. Some actors believe the Government of Mozambique should be encouraged more strongly to find its own funds for HIV. UNAIDS Country Office has been involved in discussions looking at alternative and innovative ways to fund and improve efficiency. UNAIDS was very active in putting together the Mozambique funding request to the Global Fund for the period 2021–2023, which mobilized more than half a billion US dollars. UNAIDS Country Office contracted a team of six consultants to support proposal development and facilitated peer review of the draft proposal before submission. The approved Global Fund grant increased by four times the resources allocated to prevention compared with the current Global Fund grant.

As of today, if large donors such as PEPFAR change their global policies, the country is at risk of losing the HIV gains it has made. There is a concern from key donors over the need to increase domestic financing to ensure sustainability of the response, helping Mozambique to be more independent; this is still at an early stage, however, as most treatment services and core services are financed by external partners.

Box 8: Findings related to sustainability

- • SUSTAINABILITY 1: HIV legislation in Mozambique has taken important steps during the evaluation period, along with other levels of technical guidance and protocols, with the assistance of the Joint Programme. However, the Government of Mozambique is very dependent on foreign financial assistance for HIV, and there are many challenges in implementing legislation and limits in technical capacity.
- • SUSTAINABIILITY 2: the UN Joint Programme has had limited engagement in promoting health systems strengthening. However, its efforts in expanding HIV care to the community level are much

needed and welcomed. Services aim to increase awareness, promote care, reduce stigma, reduce gender imbalances, and reduce barriers to uptake for health services. The Joint Programme has been successful in training local health agents and promoting the role and importance of including civil society to address HIV. The Joint Programme has also been successful in helping to apply PEN IV guidelines to sectoral plans and promote intersectoral dialogue.

Evaluation criterion 6: gender equality and human rights

EQ7	To what extent did the Joint Programme address and respond to existing gender power dynamics and relations, stigma and discrimination?
Indicators	7.1 Number of civil society organizations using gender-transformative approaches to address discriminatory sociocultural norms and harmful practices against women and girls in selected districts (UNDAF indicator) 7.2 Number of HIV operational plans implemented that address gender-based violence (UNDAF indicator) 7.3 Number of sectors that consistently use gender-disaggregated data in their annual planning (UNDAF indicator) 7.4 Number of regulations of existing laws that address all forms of discrimination related to HIV (UNDAF indicator) 7.5 Adequacy and use of protocols in place to ensure confidentiality and respectful treatment by health professionals of people living with or affected by HIV

Gender is a high-priority outcome within UNDAF. Gender inequality contributes to high rates of HIV in young women in Mozambique. Sexual favours in exchange for small benefits in the context of widespread poverty are common. Girls do not have the agency to negotiate for protected sex, and it is very common for young girls to be in relationships with older men.

Some traditional practices harm women and contribute to increasing HIV rates. For example, if a woman is widowed in Mozambique, she may be expected to take part in a sexual “purification” ritual with a member of her husband’s family. Women who do not go through such rituals may be stigmatized.

In some polygamous relationships (more common in the central parts of Mozambique, especially Gaza, Inhambane, Manica and parts of Sofala), many men leave their homes to work in the South African mines. Some of the men and women have unprotected sex with other partners while they are apart, increasing the risk of HIV infection.

To address problems of gender inequality, there is a need to work with young men and provide appropriate services so they are encouraged to access health centres when needed.

The First Lady of Mozambique launched the campaign Livre para Brilhar (Free to Shine) in Cabo Delgado. The Government and the United Nations are engaged in dialogue to see how the Joint Programme can support this new initiative. The campaign aims to prevent HIV infections in women of reproductive age and their partners, and to offer support around reproductive health and prevention of unplanned pregnancies among women living with HIV. It also aims to increase access to antiretroviral therapy for pregnant women living with HIV to prevent newborn infections.

The Joint Programme has supported several civil society organizations and community-based organizations on gender equality and human rights. According to the UNDAF Progress Report 2020, 35 organizations had received support by 2019 to improve their work on elimination of child marriage and sexual abuse (23). This was possible through collaboration with the Girls Not Brides national partnership and the Forum of Civil Society for the Rights of Children. In addition, 50 trainers on sexual and gender-based violence, early marriage, and sexual and reproductive health and rights at the central, provincial and district levels were trained.

United Nations support to gender-transformative approaches has been key to achieving high-level Government commitment and strategies and changing legislation to support this. Mozambique still has

challenges with law enforcement and could benefit from expansion of practical approaches such as the Geracao Biz programme.

To address gender equality issues, UNFPA has provided capacity-building on gender statistics to staff members and provincial delegations of the National Institute of Statistics and other sectors at the central level. UNFPA has supported the Ministry of Interior to develop and scale up the digital platform InfoViolencia for registration, management and control of gender-based violence cases. This will allow referral of survivors of gender-based violence to be followed up through other stakeholder institutions, such as the Ministry of Health, justice administration (prosecutors and courts), and centres for integrated care (coordinated by the Ministry of Gender, Children and Social Action). There is still only limited capacity to produce and collect gender-disaggregated data to assess the socioeconomic impact of interventions.

Through UN Women, the Joint Programme has been working in the women's caucus in the parliament to monitor-gender sensitive policies where HIV programmes are included. There is work from UNDP to disseminate legal frameworks such as Law Number 19 on people living with HIV so they are actually implemented. The main legal guiding document regarding HIV and human rights is the country's constitution. Although a substantial number of laws and revisions have taken place recently to reinforce human rights and non-discrimination in access to HIV services, there are still limitations in the implementation processes. There is a significant need for enforcing the approved national legislation on individual rights and confidentiality, especially when this clashes with customary and traditional norms.

Indicator 7.5 on the adequacy and use of protocols to ensure confidentiality and respectful treatment by health professionals of people living with or affected by HIV was included in the evaluation to address the problem of stigma in Mozambique, one of the greatest concerns among key stakeholders. The Ministry of Health's guide for the implementation of testing and starting treatment, developed in 2016, provides health agents with guidelines at the local level (24). It addresses the issue of stigma as one of the reasons for people not seeking or receiving treatment for HIV. It has the principle of confidentiality as one of its core elements.

A Global Fund 2018 study identified that even with such guidelines, key informants mentioned fears of disclosure of HIV status (25). The Ministry of Health has a sectoral policy on "humanization and quality of services" designed to address issues regarding discrimination, confidentiality and medical ethics. The same source reports, however, that training for health-care workers in implementing these services is limited on both this policy and the Charter on Patient's Rights and Obligations.

A problem raised by the Global Fund report is that HIV services at health facilities are often singled out via special queues or special rooms, with the effect of disclosing people's HIV-positive status to others, which can lead people to drop out of treatment.

Mozambique does have guidelines in place and advancements in national legislation, but gaps remain to reduce stigma and promote human rights. This is an area of possible strengthened future work for the Joint Team.

Box 9: Findings related to gender and human rights

- GENDER & HUMAN RIGHTS: the Joint Programme has been key in raising awareness to address gender equality aspects in planning, policies and strategies. High-level government commitments have been made, legislations have been adjusted, and more gender-disaggregated data are available. The Joint Programme has trained civil society organizations to incorporate gender equality practices and to promote human rights. Many gaps remain, however. Girls are more prone to be infected with HIV and to engage in early marriages in a context of high levels of poverty. There are protocols to improve patient confidentiality, but health units are not equipped to do this. In a context of high stigma, disclosure in health centres leads to an increase in antiretroviral therapy dropout rates. This may be an area to be explored further by the Joint Programme.

Lessons learned

- New epidemics bring not only challenges but also progress. Many HIV-related services have been suspended during the COVID-19 pandemic, but this has helped reach other goals such as the expansion of multi-month dispensing of antiretroviral medicines.
- Individual follow-up for antiretroviral therapy may prove very effective. Experiences from the Transport Corridors project in following up on antiretroviral therapy are promising. Systemic initiatives can be combined with individual outreach as pilot tests, such as in the work of the Joint Programme on promoting community health care and mobilizing civil society. Different levels of work are possible, from policy dialogue to communities reaching out in a human rights-based manner to people on antiretroviral therapy.
- It is important to reach out to boys and men as well. Females are very much affected by the HIV epidemic in Mozambique due to imbalanced gender practices. Males, however, are much less tested and engaged in antiretroviral therapy. We must talk to boys and men as much as girls and women. Many actors suggest that services tailored to males harm both women and men.
- The Joint Programme must become visible beyond the work of the individual United Nations agencies. The contributions of individual agencies are seen, but not as part of the United Nations contribution. This shows the complexity of “delivering as one”. Communication efforts should take into account the contribution of the United Nations in fighting HIV and in promoting the health of the people of Mozambique.
- Tested and tried communication strategies may still be relevant to countries with high HIV incidence rates. Mozambique combines high levels of stigma and high rates of HIV. Even though work on stigma is a priority for UNAIDS, there is still much to do. It is important to help the country leverage global experiences in fighting stigma. Communication strategies and awareness on stigma, despite now happening in some other countries, are still far from taking place in Mozambique.

Conclusions

1: there is full alignment between the UNAIDS Global Strategy (2016–2020), UNDAF (2027–2020) and the UN Joint Programme on HIV in Mozambique. The Joint Programme is fully aligned with PEN IV, but there are concerns over the implementation of the Joint Programme initiatives of which the Government of Mozambique is not always aware. The Government also has problems with internal coordination, making interaction with various governmental structures more difficult.

Supporting findings: Relevance, Efficiency 8

2: financial and human resources of the UN Joint Programme on HIV in Mozambique are small compared with those of other actors in the country and in relation to the demands it receives from national and international actors within and outside the United Nations. The finance and staff limits push the Joint Programme to be more strategic and focused in its allocation of resources. There are operational challenges in the disbursement of resources to the Government of Mozambique and the country envelope for the Cosponsors. Challenges were found in the timely delivery of agreed products, especially at the programme level. Incomplete reporting procedures (e.g. progress against targets and expenditure) were identified, limiting coherence.

Supporting findings: Efficiency 1, Efficiency 2, Efficiency 3

3: the coordination mechanisms of the Joint Programme work well. Different agencies come together to plan at the start of each cycle and meet monthly. More could be done to enhance joint implementation, monitoring and provision of information among the various actors. There is a lack of high-level strategic guidance to the Joint Programme from the heads of the United Nations agencies in the country.

Supporting findings: Efficiency 4

4: the UNAIDS Country Office is well regarded by key partners in its capacity and neutrality to convene different actors around the HIV epidemic. UNAIDS engages with key international actors (e.g. Global Fund, PEPFAR) effectively, helping to promote advocacy and align Mozambique with the global HIV agenda. The UNAIDS Country Office helps to bring civil society and the importance of human rights to the table when interacting with various partners.

Supporting findings: Efficiency 6, Efficiency 7

5: The UN Joint Programme contributes to a wide spectrum of HIV-related issues in Mozambique. It invests more and is better acknowledged by the various partners in the areas of support to promote availability and quality of data; support to provide HIV awareness; support to provide prevention services, especially for young people); support to increase availability of services to key populations; support to promote people-centred HIV care, reduction of stigma and human rights; support to health systems strengthening at the local level; and normative guidance. Even though the UN Joint Programme is involved on many different fronts, but partners are often unaware about them. The lack of a communication strategy and innovation mapping bringing out best practices for the Joint Programme on HIV was identified.

Supporting findings: Efficiency 5, Effectiveness 1

6: The United Nations in Mozambique has been very responsive in the face of emergencies and urgent issues (e.g. the Idai and Kenneth Cyclones, Cabo Delgado, COVID-19). As a knowledge and strategic agent, the United Nations may help the country incorporate HIV into emergency strategies and identify innovations in the face of multiple crises through valuing local knowledge and cost-effective solutions that emerge from the capacity of communities to deal with problems, such as taking the problem of HIV to local forums for discussion.

Supporting findings: Effectiveness 2, Effectiveness 4

7: The Joint Programme does not work intensively in the area of HIV testing, but it contributes to it, especially through the work on mother-to-child transmission and sexual and reproductive health and rights. The percentage of people aware of their HIV status grew from 66% in 2016 to 77% in 2019. Women lead this result (76% in 2016, 86% in 2019), almost meeting the global 90% target. Progress in children has been significant (43% in 2016, to 63% in 2019).

Supporting findings: Impact 1

8: HIV treatment in Mozambique is improving. Between 2016 and 2019 there was a 9.2% reduction in the estimated number of AIDS-related deaths. There was an increase in the percentage of people receiving antiretroviral therapy (44% in 2016, 60% in 2019), with women leading (52% in 2016, 67% in 2019). Despite some progress, significantly fewer men in the country are accessing antiretroviral therapy (33% in 2016, 43% in 2019). There was a significant growth in the number children on antiretroviral therapy (43% in 2016, 63% in

2019). The Joint Programme works to keep key populations, vulnerable communities and mothers on antiretroviral therapy may be contributing to the larger efforts of other key partners such as the Global Fund and PEPFAR.

Supporting findings: Impact 2, Impact 3, Impact 4

9: Mozambique is taking important steps to develop and adopt technical guidance, protocols and legislation. Implementation and sustainability remain key concerns, as most resources devoted to HIV come from foreign assistance. There is limited financial and technical capacity in the country, and the health system has structural problems. Beyond the political dialogue, helping to find low-cost health solutions and enhance the engagement of civil society actors in the provision of health services may be a relevant contribution of the United Nations in future.

Supporting findings: Sustainability 1, Sustainability 2

10: the HIV epidemic in Mozambique is aggravated by gender imbalances and high levels of stigma. The Joint Programme and the United Nations more broadly have been very responsive in addressing gender imbalances, with progress in and increased resources. The UNAIDS Country Office is engaged in addressing stigma, but more efforts are needed to move forward. Various actors recognize the authority and role of the United Nations in addressing stigma, gender and human rights.

Supporting findings: Gender & Human Rights, Effectiveness 5

Recommendations

Table 4: Evaluation recommendations

Type	Recommendation	Recipient	Action points	Rationale
Strategic	1. Develop an overarching strategy for the UN Joint Programme on HIV for 2021–2025	United Nations Resident Coordinator UNAIDS Country Office Cosponsors	Consider support to long-term projects Enhance support to health systems strengthening Aim to place HIV centrally on Mozambique's agenda Enhance community-based low-cost health services Focus on raising awareness of HIV and stigma Review and enhance work on HIV prevention Consider increasing investments for production of strategic data	Conclusions 3, 4, 6, 9 and 10; efficiency finding 8: the need for more strategic positioning of UNAIDS was expressed by different actors in Mozambique. The action points come from suggestions by key partners and analysis in the evaluation process (e.g. need for low-cost solutions, considering difficulties in financial sustainability and health system)
Operational	2. Review and rationalize operational procedures for disbursement of country envelope and funds for Government of Mozambique	UNAIDS Headquarters UNAIDS Country Office Cosponsors	Review procedures for payments to shorten the process	Conclusion 2: delays in procurement and payments were reported by various key actors in Mozambique
Operational	3. Review staff positions in the UNAIDS Country Office in Mozambique in light of UNAIDS strategy for 2021–2025	UNAIDS Headquarters	Discuss with Headquarters possible allocation of resources for additional staff or explore fundraising to increase team Carry out or review staff needs assessment after definition of Joint Team strategic work in Mozambique	Conclusion 2; efficiency finding 2: the UNAIDS Country Office is understaffed
Strategic and operational	4. Improve coordination and reporting mechanisms	UNAIDS Country Office Cosponsors	Regularly update Government of Mozambique about the work of the Joint Programme	Conclusions 1 and 2; efficiency finding 8: some key stakeholders were unaware of certain aspects of UNAIDS work in Mozambique

	with Government of Mozambique		Involve Government of Mozambique in Joint Programme planning process	
Operational	5. Develop and implement UNAIDS communication strategy	UNAIDS Country Office	Review UNAIDS Country Office website Publicize what UNAIDS does in strategic and operational terms Post key reports and documents of HIV-related activities on a specific UNAIDS web portal	Conclusions 1, 4 and 5: many actors are not well informed about what UNAIDS Country Office does; UNAIDS produces a lot of information but it is not organized or shared publicly in Mozambique
Strategic	6. Allocate resources for knowledge and learning to help debate and present good practices and innovations on HIV and HIV and emergencies Enhance south–south cooperation in policy dialogue	UNAIDS Country Office	Help Government of Mozambique learn from peers and share its own experiences Commission study on innovative HIV practices in Mozambique using local solutions Promote high-level events for policy dialogue and exchange of experiences within and outside the region Promote technical exchanges about stigma reduction	Conclusions 5, 6 and 9; effectiveness finding 5: UNAIDS has limited resources and has to be strategic in its interventions The United Nations can contribute as a knowledge broker to help devise new solutions for shared problems; bringing in new people to share experiences may open up the debate and foster creativity
Operational	7. Allocate resources to intensify communication strategies around stigma in Mozambique	UNAIDS Country Office Cosponsors	Increase investment in campaigns to make HIV more visible with help of famous people living with HIV Explore involving people from key and non-key populations to raise awareness of how HIV affects everyone (e.g. We Are Positive campaign) Strengthen debate on stigma in HIV prevention activities Explore dialogue with UNESCO on communication	Conclusion 10: stigma is a major issue acknowledged by key actors; behaviour change is addressed via education and communication strategies
Strategic	8. Intensify role of UNAIDS in bringing actors together to discuss crucial HIV issues in Mozambique	UNAIDS Country Office	Call joint meetings with various actors in Mozambique on issues of common concern Involve civil society, religious leaders and traditional actors	Conclusion 4, 7 and 8: this was a call by various interviewees during the data collection process; a key partner reported the need to gain new perspectives on the HIV challenges in Mozambique

Operational	9. Increase investments in provision of strategic data on HIV	UNAIDS Country Office	Expedite release of strategic HIV data in Mozambique Please refer to Health Situation Room evaluation findings and considerations for Mozambique (https://www.unaids.org/sites/default/files/media/documents/UNAIDS-HSR-Annex_CaseStudiesStocktakes_en.pdf)	Conclusion 2 and 5: UNAIDS is well known and acknowledged for its role in making key HIV data available, but there are concerns about strategic information, which is not delivered in a timely manner
Operational	10. Review UNAIDS management tools (monitoring and evaluation, financial reporting)	UNAIDS Country Office Cosponsors	Integrate Cosponsors' and Joint Programme reporting mechanisms Prepare annual reports with expenditure figures and analysis of achievements against targets for monitoring purposes, communication with larger audience and sharing within UNAIDS Review reporting requirements for Cosponsors to integrate demands for reports and inform them in advance about reporting schedule	Conclusion 3: there were complains about short-notice reporting requirements and too many reports; there is a lack of monitoring instruments in the UNAIDS Country Office (one was devised but is still in the process of implementation)

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UNAIDS working documents:

- Mozambique 2018-2019 joint team plan
- Mozambique 2020-2021 joint team plan
- Mozambique country report 2018
- Mozambique country report 2018-2019

Annex 1
Stakeholder analysis

For the purpose of this evaluation, stakeholders are defined as individuals, groups or entities directly involved in the response to HIV in Mozambique. A stakeholder analysis includes a mapping of all the relevant actors and their level of engagement or participation in the Joint Programme to make sure all the key actors are considered. The stakeholders identified were classified as follows:

- Coordinating United Nations agency: UNAIDS Secretariat, UNAIDS Country Office staff and the United Nations Resident Coordinator's Office.
- Accountable United Nations agency: all UNAIDS Cosponsors involved in implementation of the programme.
- Development partner: all development partners engaged with the Joint Programme who could be in advisory roles, carrying out joined projects, donors at a central level or other development partners working in the field.
- Government partner: all policy, programme and implementing partners at a central level or on the ground and that are part of the Government.
- Civil society organizations: all civil society organizations engaged with the Joint Programme locally or with influence over relevant work in the country.
- Rights holders: end beneficiaries—people living with HIV, key populations and other groups vulnerable to HIV.
- Influencer: external stakeholders of the Joint Programme that may have some degree of influence over the Joint Programme.

Table A1.1 lists the stakeholders and their roles in the programme. All of these stakeholders were considered during the evaluation process.

Table A1.1. Stakeholders involved in the project and their roles

Name	Type of stakeholder	Organization	Role	Interview status
Myrta Kaulard	Accountable United Nations agency	Resident Coordinator's Office	Resident Coordinator Designated official Humanitarian coordinator	Interviewed
Eva Kiwango	Coordinating United Nations agency	UNAIDS	Country Director	Interviewed
Maria-Luisa Fornara	Accountable United Nations agency	UNICEF	Representative	Not interviewed Another UNICEF staff member was interviewed
Paul Gomis	Accountable United Nations agency	UNESCO	Representative	Interviewed
Sam Chakwera	Accountable United Nations agency	UNHCR	Representative	Interviewed
Hernani Coelho da Silva	Accountable United Nations agency	FAO	Representative	Not interviewed
Tomas Valdez	Accountable United Nations agency	WHO	Officer in charge	Not interviewed Another staff member was interviewed
Andrea Wojnar	Accountable United Nations agency	UNFPA	Representative	Interviewed
Marie Laetitia Kayisire	Accountable United Nations agency	UN Women	Representative	Interviewed
Antonella D'Aprile	Accountable United Nations agency	WFP	Representative	Not interviewed Another staff member was interviewed
Narjess Saidane	Accountable United Nations agency	UNDP	Representative	Interviewed
Cesar Guedes Ferreyros	Accountable United Nations agency	UNODC	Representative	Interviewed

Laura Tomm-Bonde	Accountable United Nations agency	IOM	Chief of mission	Not interviewed Another staff member was interviewed
Jaime Comiche	Accountable United Nations agency	UNIDO	Representative	Interviewed
Idah Pswarayi-Riddihough	Development partner	World Bank	Country Director	Not interviewed
Vacant	Accountable United Nations agency	ILO	Project Officer	Staff member was interviewed
Marta Bazima	Coordinating United Nations agency	UNAIDS Country Office	Community support adviser	Interviewed
Veronique Collard	Coordinating United Nations agency	UNAIDS Country Office	Global Fund/PEPFAR implementation advisor	Interviewed
Makini Boothe	Coordinating United Nations agency	UNAIDS Country Office	Strategic information advisor	Interviewed
Zenobia Machanguana	Accountable United Nations agency	UNODC	National project officer	Interviewed
Francisco Mbofana	Government partner	Conselho Nacional de Combate ao SIDA	Executive Secretary	Interviewed
Marlene Manjate Cuco	Government partner	MISAU	National Director for Public Health	Not interviewed
Aleny Couto	Government partner	MISAU	Chief of HIV Programme	Invitation sent but not interviewed
Helga Guambe	Government partner	MISAU	Prevention of mother-to-child transmission focal point	Not interviewed
Leonado Chavane	Government partner	Consultant	Consultant	Not interviewed
Artur Furtado	Government partner	Consultant	Main Consultant	Not interviewed
Humberto Muguingue	Government partner	Consultant	Consultant on Monitoring and Evaluation	Not interviewed
Gaspar Irenio	Government partner	Ministry of Health, Care and Treatment Branch	Head of Care and Treatment	Not interviewed
Aly Dario	Government partner	Ministry of Health	Advisor	Not interviewed

Helga Guambe	Government partner	Ministry of Health	Prevention of mother-to-child transmission focal point	Not interviewed
Macassar Al Bachir	Government Partner	Ministry of Justice	Head of Human Rights Directorate	Invited but not interviewed
Badrudino	Government partner	Ministry of Interior	HIV focal point	Invited but not interviewed
Ercília Cumbana	Government partner	Ministry of Public Administration	HIV focal point	Interviewed (submitted response to questionnaire)
Alice De Abreu	Government partner	Maputo City Municipality	Head of Health and Social Affairs	Invited but not interviewed
Arlinda Chaquisse	Government partner	Ministry of Education and Human Development	Director of Health Education and Nutrition	Invited but not interviewed
Jojane Muabsa	Government partner	Ministry of Youth and Sports	Director National Youth Directorate	Invited but not interviewed
Cristina Matusse	Government partner	Ministry of Finance	Member of the Global Fund Country Coordination Mechanism (Public Sector)	Invited but not interviewed
Arlinda Chaquissa	Government partner	Ministério da Educação e Desenvolvimento Humano	Member of the Global Fund Country Coordination Mechanism (Public Sector)	Invited but not interviewed
Els Klinkert	Development partner	Netherlands Embassy	Head of Cooperation	Two staff members interviewed
Vergara Alfredo	Development partner	Centers for Disease Control and Prevention	Country Director	Invited but not interviewed
Monique Mosolf	Development partner	USAID/Health Partners Group	Health Office Chief	Interviewed
Jacquelyn Sesonga	Development partner	President's Emergency Plan for AIDS Relief (PEPFAR)	Country Coordinator	Interviewed
Kirsi Viisainen	Development partner	Global Fund	Fund Portfolio Manager	Interviewed
Alain Kassa	Development partner	Médecins Sans Frontières	Head of Mission	Not interviewed
Giovanna De Meneghi	Civil society organization	Médicos com África CUAMM	Country Manager	Invited but not interviewed
Gilda Jossias	Civil society organization	Plataforma Da Sociedade Civil Para Saúde De Moçambique (PLASOC)	Coordinator	Invited but not interviewed

Rondinho Calavete	Civil society organization	REJUSIDA	Executive Director	Interviewed
Joselia Banze	Civil society organization	Associação Kuyakane	Executive Director	Interviewed
César Mufanequiço	Civil society organization	Movimento para o Acesso ao Tratamento em Moçambique (MATRAM)	Executive Director	Invited but not interviewed
Ezequias Simango	Civil society organization	Associação Moçambicana de Activistas Voluntários e Agentes Polivalentes de Saúde (AMOVAPSA)		Interviewed
Júlio Mujojo	Civil society organization	Rede Moçambicana de PVHIH (MONET Plus)	Executive Director	Interviewed
Belarmino Langa	Civil society organization	Rede Nacional Contra Droga/SIDA (UNIDOS)	Advocacy and Communication Officer	Interviewed
Roberto Paulo	Civil society organization	Associação Lésbicas, Gays, Bissexuais e Transexuais (LAMBDA)	Director Executivo LAMBDA	Interviewed
Octavio Mabunda	Civil society organization	Rede Cristã	Executive Director	Interviewed
Manuel Chipeja	Civil society organization	Rede Moçambicana de Organizações contra a SIDA (MONASO)	Member of the Global Fund Country Coordination Mechanism ((Civil Society Organization)	Invited but not interviewed
Egidio Langa	Civil society organization	Centro de Colaboração em Saúde ((Principal Recipient))	Global Fund Project Director	Invited but not interviewed
Cecília Martines	Civil society organization	Fundação para o Desenvolvimento da Comunidade (Principal Recipient)	Girl officer	Another staff member was interviewed
Cornélio Balane	Civil society organization	Associação dos Empresários Contra o SIDA (ECOSIDA)	Member of the Global Fund Country Coordination Mechanism (Private Sector)	Invited but not interviewed
Zélia Menete	Civil society organization	Fundação para o Desenvolvimento da Comunidade (Principal Recipient)	Executive Director	Another staff member was interviewed
Adelino Xerinda	Civil society organization	Fundação para o Desenvolvimento da Comunidade (Principal Recipient)	Director of Health Projects	Interviewed

Semione Santos	Civil society organization	Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)	Executive Director	Another staff member was interviewed
Cristina Jussa	Influencer	Academia de Ciências Policiais (ACIPOL)	Focal point (HIV in high education initiative)	Not interviewed
Celia Muiuane	Influencer	Joaquim Chissano University (ISRI)	Focal point (HIV in high education initiative)	Not interviewed
Nicols Jorge Patricio James	Influencer	Eduardo Mondlane University	Focal point (HIV in high education initiative)	Not interviewed
Manuel Gildo	Influencer	Maputo Pedagogical University	Focal Point (HIV in high education initiative)	Not interviewed
Samo Gudo Edwardo	Government partner	National Institute of Health	Deputy National Director	Interviewed

Annex 2
Key targets

UNAIDS global programme (2016–2021)

- Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable good-quality treatment.
- New HIV infections among children are eliminated and their mother's health and well-being is sustained.
- Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV.
- Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants.
- Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV.
- Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed.
- HIV response is fully funded and efficiently implemented based on reliable strategic information.
- People-centred HIV and health services are integrated in context of stronger systems for health.

National strategic plan (PEN IV)

- Comprehensive knowledge about HIV among youth aged 15–24 years increased from 41% in 2011 to 60% in 2019.
- Coverage of condom use during last sexual intercourse between people with more than one partner during past 12 months increased from 27% in 2011 to 50% in 2019.
- Percentage of circumcised men increased from 51% in 2009 to 80% in 2019.
- 94% of pregnant women knew their HIV status during prenatal consultations by 2019 (compared with 93% in 2014).
- 96% of pregnant women living with HIV positive are assured of getting antiretroviral therapy to prevent mother-to-child transmission (baseline 87% in 2014).
- Proportion of eligible people on antiretroviral therapy increased from 67% in 2014 to 80% in 2019.
- Retention on antiretroviral therapy increased after from 52% in 2014 to 70% in 2019.

Joint Team plan (2019–2020)

- By the end of 2021, retention at 3 months for people newly initiated on antiretroviral therapy in 29 districts that make up 70% of loss to follow-up increased by 30% compared with 2018.
- By the end of 2021, retention at 12 months for pregnant and lactating women enrolled in prevention of mother-to-child transmission increased from 64% to 80%.
- By the end of 2021, coverage of HIV combination prevention services tailored to adolescent girls and young women, their male partners and key populations (sex workers, men who have sex with men, people who inject drugs) in selected high-prevalence districts and Fast-Track cities increased by 20%.
- By the end of 2021, capacity of relevant stakeholders enhanced to positively address laws and policies presenting barriers to HIV prevention, treatment and care services and applied to address violations of human rights .
- By the end of 2021, capacities of relevant stakeholders, including humanitarian clusters, built and enhanced to prepare for and address HIV in emergencies across the care continuum, including prevention actions.
- By the end of 2021, validated strategic information strengthened and used to inform strategic planning and monitoring of Mozambique's progress in reaching Fast-Track targets.

Annex 3
Evaluation matrix

Indicators/criteria	Source of information	Data collection tool	Data analysis methods
EQ1: To what extent was the Joint Programme aligned to the UNAIDS global framework, UNDAF in Mozambique and national policies for HIV?			
DAC evaluation criterion covered by this evaluation question: relevance			
Level of alignment of the Joint Programme with UNAIDS Global Framework 2016–2021 (scale 1–3, where 1 is not aligned, 2 is partially aligned and 3 is fully aligned)	UNAIDS global framework UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Level of alignment of the Joint Programme with UNDAF in Mozambique 2017–2020 (scale 1–3, where 1 is not aligned, 2 is partially aligned and 3 is fully aligned)	UNDAF UNAIDS Cosponsors UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Level of alignment of the Joint Programme with National Strategic Plan for HIV 2015–2019 (scale 1–3, where 1 is not aligned, 2 is partially aligned, and 3 is fully aligned)	UNAIDS Country Office staff in Mozambique Government officers from Ministry of Health	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
EQ2: Have financial and human resources been allocated adequately, timely and strategically to carry out the activities of the Joint Programme in each area of work?			
DAC evaluation criterion covered by this evaluation question: efficiency			
Whether budget was sufficient and adjusted as needed to implement activities planned (scale 1–3 where 1 is budget not sufficient and not adjusted, 2 is budget partially sufficient and adjusted, and 3 is budget is sufficient and adjusted as needed)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Joint action plan	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Whether staffing was adequate and adjusted based on partner perception on technical capacity of project staff to implement activities planned (scale 1–3, where 1 is staff not adequate and not adjusted, 2 is staff partially adequate and adjusted, and 3 is staff adequate and adjusted as needed)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Joint action plan	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis

Whether sufficient time was allocated for implementation and adjusted as needed based on perception of key stakeholders (scale 1–3, where 1 is time not adequate and not adjusted, 2 is time partially adequate and implementation adjusted, and 3 is time was adequate and implementation adjusted as needed)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Joint action plan	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Level to which coordination and collaboration mechanism for planning and implementation of programme worked well (scale 1–3, where 1 is coordination and collaboration mechanisms not adequate, 2 is coordination and collaboration mechanisms were partially adequate, and 3 is coordination and collaboration mechanisms fully adequate)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Joined action plan	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
EQ3: To what extent were United Nations partners able to work effectively together to achieve the desired common goals?			
DAC evaluation criterion covered by this evaluation question: efficiency			
Whether Government of Mozambique and partners acknowledge contribution of the Joint Programme in the 13 areas of intervention (scale 1–3, where 1 is Government and partners do not acknowledge contribution of the Joint Programme, 2 is Government and partners partially acknowledge contribution of the Joint Programme, and 3 is Government and partners fully acknowledge contribution of the Joint Programme)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Joint action plan	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Level of engagement and alignment of the Joint Programme with other development partners (scale 1–3, where 1 is no engagement and alignment, 2 is partial engagement and alignment and 3 is full engagement and alignment) as reported by key stakeholders	UNAIDS Country Office staff in Mozambique UNAIDS development partners (apart from United Nations)	Semi-structured interviews Desk review Focus group discussions	Evaluator's standard method for qualitative analysis
Level of engagement and alignment of the Joint Programme with Government of Mozambique, as reported by Government (scale 1–3, where 1 is no engagement and alignment, 2 is partial engagement and alignment, and 3 is full engagement and alignment)	UNAIDS Country Office staff in Mozambique Government counterparts	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Nº. of key sectoral plans operationalized in line with the NSP IV (2015-2019).	UNAIDS Country Office staff in Mozambique Government counterparts	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis

EQ4: To what extent did the Joint Programme contribute to improved standards and practice of prevention, diagnosis, treatment, care and strategic information on HIV based on the various areas of work?			
DAC evaluation criterion covered by this evaluation question: effectiveness			
Improved prevention practices acknowledged by Government of Mozambique and development partners based on key contributions (scale 1–3, where 1 is no acknowledgment, 2 is partial acknowledgement and 3 is full acknowledgement)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Development partners Ministry of Health Other government partners	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Improved diagnosis acknowledged by Government of Mozambique and development partners based on key contributions (scale 1–3, where 1 is no acknowledgment, 2 is partial acknowledgement and 3 is full acknowledgement)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Development partners Ministry of Health Other Government partners	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Improved treatment acknowledged by Government of Mozambique and development partners based on key contributions (scale 1–3, where 1 is no acknowledgment, 2 is partial acknowledgement, and 3 is full acknowledgement)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Development partners Ministry of Health Other Government partners	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Improved strategic information acknowledged by Government of Mozambique and development partners based on key contributions (on scale 1–3, where 1 is no acknowledgment, 2 is partial acknowledgement and 3 is full acknowledgement)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Development partners Ministry of Health Other Government partners	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
EQ5: To what extent has the UN Joint Programme contributed to achieve the 10 global commitments for Mozambique?			
DAC evaluation criterion covered by this evaluation question: impact			

Percentage of people living with HIV disaggregated by gender, age and key populations	HIV reports Government officials UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Descriptive statistics
Percentage of AIDS-related deaths disaggregated by gender, age and key populations	HIV reports Government officials UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Descriptive statistics
Percentage of people living with HIV who know their HIV-positive status	HIV reports Government officials UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Descriptive statistics
Percentage of adolescents and youth aged 15–24 years tested for HIV in past 12 months who received results (UNDAF-related indicator)	HIV reports Government officials UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Descriptive statistics
Percentage of all people with diagnosed HIV infection receiving sustained antiretroviral therapy	HIV reports Government officials UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Descriptive statistics
Percentage of people on antiretroviral therapy with viral suppression	HIV reports Government officials UNAIDS Country Office staff in Mozambique	Semi-structured interviews Desk review	Descriptive statistics
EQ6: Are national partners committed to the efforts towards ending AIDS as a public health threat in Mozambique?			
DAC evaluation criterion covered by this evaluation question: sustainability			
Technical capacity developed within partner institutions for continuing work in future as reported by Government of Mozambique and key partners through improved practices (scale 1–3, where 1 is no technical capacity developed, 2 is partial	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis

improvement in technical capacity, and 3 is considerable improvement in technical capacity)			
Resources allocated for continuation of agenda by Government of Mozambique and other partners (financial and staff numbers)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners HIV reports	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Adequacy of legislation, policies and programmes developed to strengthen fight against HIV in Mozambique within timeframe of programme, as reported by key stakeholders (scale 1–3, where 1 is not adequate, 2 is partially adequate, and 3 is adequate to a large extent)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners HIV reports	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Whether programme contributed to strengthening the health system (scale 1–3, where 1 is little or no contribution, 2 is moderate contribution, and 3 is considerable contribution)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners HIV reports	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Number of key sectoral plans operationalized in line with NSP IV (2015–2019)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners HIV reports	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
EQ7: To what extent did the Joint Programme address and respond to existing power dynamics, gender relations, stigma and discrimination?			
DAC evaluation criterion covered by this evaluation question: gender equality and human rights			
Number of civil society organizations using gender-transformative approaches to address discriminatory sociocultural norms and harmful practices against women and girls in selected districts (UNDAF indicator)	Civil society organizations	Semi-structured interviews Desk review Focus group discussions	Evaluator's standard method for qualitative analysis
Number of HIV operational plans implemented addressing gender-based violence (UNDAF indicator)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis

	Government partners HIV reports		
Number of sectors that consistently use gender-disaggregated data in annual planning (UNDAF indicator)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners HIV reports	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Number of regulations of existing laws that address all forms of discrimination related to HIV (UNDAF Indicator)	UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Government partners HIV/AIDS reports	Semi-structured interviews Desk review	Evaluator's standard method for qualitative analysis
Adequacy and use of protocols in place to ensure confidentiality and respectful treatment of by health professionals of people living with or affected by HIV	Project document Reports UNAIDS Country Office staff in Mozambique UNAIDS Cosponsors Health professionals Government staff	Desk review Focus group discussions Semi-structured interviews	Evaluator's standard method for qualitative analysis
EQ8: To what extent has the COVID-19 pandemic impacted on the work around the HIV epidemic and response?			
DAC evaluation criterion covered by this evaluation question: effectiveness			
Scope, focus and volume of activities before and after COVID-19 pandemic	UNAIDS Country Office staff in Mozambique Government officers UNAIDS Cosponsors Development partners	Desk review Focus group discussions Semi-structured interviews	Evaluator's standard method for qualitative analysis
Resources devoted to HIV/AIDS before and after COVID-19 pandemic	UNAIDS Country Office staff in Mozambique Government officers UNAIDS Cosponsors Development partners	Semi-structured interviews Desk review Focus group discussions	Evaluator's standard method for qualitative analysis

Annex 5
Evaluation instruments

Semi-structured interview guide

EQ1: To what extent was the Joint Programme aligned to the UNAIDS global framework, UNDAF in Mozambique and national policies for HIV?
How can the level of alignment be described for each of the areas below? Is there any procedure to ensure alignment? How is this monitored? Reported? Can you describe procedures for realignment? Examples? Level of alignment of Joint Programme with UNAIDS Global Framework Level of alignment of Joint Programme with UNDAF in Mozambique Level of alignment of Joint Programme with national policies for HIV
EQ2: Have financial and human resources been allocated adequately, timely and strategically to carry out Joint Programme activities in each area of work?
What aspects of the business model are working well (financing cycle, collaboration with stakeholders, coordination with other partners) What aspects of the business model could be improved (financing cycle, collaboration with stakeholders, and coordination with other partners)?
EQ3: To what extent were United Nations partners able to work effectively together to achieve the desired common goals?
Please describe the partner and stakeholder landscape for HIV in Mozambique. Any new health-related actors? How was the Joint Programme able to effectively engage them? Are there any gaps or opportunities for further engagement?
EQ4–7: To what extent did the Joint Programme contribute to improved standards and practice of prevention, diagnosis, treatment and strategic information on HIV?
What has been the United Nations contribution to the strategies below? How well can we describe effects on outcomes and impact? Describe the Joint Programme inputs on promoting availability and quality of data? What products were produced? Has the country adopted them as standard operating procedures or policy for data quality? Have there been any evolvements? Providing information and awareness: what has been produced? What were the Joint Programme contributions? How were impact, outcomes and outputs measured? Increase in HIV testing? What changes have been produced? What were the inputs and results? Promotion of quality treatment: are there changes in the national health service in quality of treatment? What are those changes? Can you describe the Joint Programme contribution? Support to decrease mother-to-child transmission: how well can the Joint Programme support be described? What challenges is the country still facing? Prevention services (especially for young people): how well can the Joint Programme support be described? What has been achieved and what challenges is the country still facing? Availability of services to key populations: how well can the Joint Programme support be described? What has been achieved and what challenges is the country still facing?

Improvement in legislation framework: list changes in legislation framework. Any gaps to the current framework? Describe the nature and what roles could the Joint Programme play.
Challenging gender norms conducive to violence and exploitation. Do you think the Joint Programme contributed to promoting empowerment of women in Mozambique to help them overcome the epidemic?
Promoting people-centred HIV care and reduction of stigma: can you described the gaps and current context? The Joint Programme role for improvement? What has changed? What has been adopted by the national health service?
Strengthening health systems: what are the major health system weaknesses? How has the Joint Programme supported the Government of Mozambique in overcoming them? How can one best describe strengthening in the context of poverty, low income and investments? Any investments made to date? Describe changes achieved through Joint Programme support.
Fostering sustainable funding: how can the funding landscape for Mozambique be described? What has been the role of the Government of Mozambique in co-financing? Sustainability considerations? The role of the Joint Programme in securing funding? What results have been securely achieved? Any gaps in financing?
Capacity-building of relevant stakeholders: how can you describe changes over time of the stakeholders? Can you identify any stakeholders falling short in the race for elimination? Why? Describe the role the Joint Programme could play to increase capacity of stakeholders involved.
EQ8: To which extent has the COVID-19 pandemic impacted the work around the HIV epidemic and response?
Can you describe the effects of COVID-19 in the uptake of HIV services?
How well can the role of the Ministry of Health, partners and the Joint Programme be described to mitigate the effects?

Annex 6
Stakeholders interviewed

Name	Type of stakeholder	Organization	Role
Myrta Kaulard	Accountable United Nations agency	Resident Coordinator's Office	Resident Coordinator Designated Official Humanitarian Coordinator
Eva Kiwango	Coordinating United Nations agency	UNAIDS	Country Director
Mireille Tribie	Accountable United Nations agency	UNICEF	Health Specialist
Paul Gomis	Accountable United Nations agency	UNESCO	Representative
Carla Macumbe	Accountable United Nations agency	UNESCO	Assistant
Dulce Domingos Mungoi	Accountable United Nations agency	UNESCO	Education Officer
Angelina Tivane	Accountable United Nations agency	UNESCO	National Programme Officer on HIV
Sam Chakwera	Accountable United Nations agency	UNHCR	Representative
Nurbai Calu	Accountable United Nations agency	WHO	Coordinator for the Response in Pemba
Andrea Wojnar	Accountable United Nations agency	UNFPA	Representative
Arsenia Nhancale	Accountable United Nations agency	UNFPA	Programme Analyst for Family Planning and HIV
Eduardo Celades	Accountable United Nations agency	UNFPA	Monitoring and Evaluation Officer
Diana Restrepo	Accountable United Nations agency	UNFPA	Sexual Reproductive Health Specialist
Marie Laetitia Kayisire	Accountable United Nations agency	UN Women	Representative
Boaventura Veja	Accountable United Nations agency	UN Women	Programme Officer
Lindsey Wise	Accountable United Nations agency	WFP	Nutrition Officer
Sara Saija	Accountable United Nations agency	WFP	Nutrition specialist
Narjess Saidane	Accountable United Nations agency	UNDP	Representative
Cesar Guedes Ferreyros	Accountable United Nations agency	UNODC	Representative
Zenobia Dulce Machanguana	Accountable United Nations agency	UNODC	National Project Officer
Sandrine Martin	Accountable United Nations agency	IOM	Migration Health Programme Manager
Paulo Romao	Accountable United Nations agency	ILO	National Project Officer

Marta Bazima	Coordinating United Nations agency	UNAIDS Country Office	Community Support Adviser
Veronique Collard	Coordinating United Nations agency	UNAIDS Country Office	Global Fund and PEPFAR Implementation Advisor
Makini Boothe	Coordinating United Nations agency	UNAIDS Country Office	Strategic Information Advisor
Gloria Byaruhanga	Coordinating United Nations agency	UNAIDS Country Office	Junior Programme Officer
Francisco Mbofana	Government partner	National AIDS Council	Executive Secretary
Ercília Cumbana	Government partner	Ministry of Public Administration	HIV Focal Point
Els Klinkert	Development partner	Netherlands Embassy	First Secretary
Fatima Aly	Development partner	Netherlands Embassy	Technical Officer
Riccardo Rossi	Development partner	European Union	Project Officer
Monique Mosolf	Development partner	USAID/Health Partners Group	Health Office Chief
Jacquelyn Sesonga	Development partner	PEPFAR	Country Coordinator
Kirsi Viisainen	Development partner	Global Fund	Fund Portfolio Manager
Rondinho Calavete	Civil society organization	REJUSIDA	Executive Director
Joselia Banze	Civil society organization	KUYAKANA	Executive Director
Ezequias Simango	Civil society organization	Associação Moçambicana de Volutários e Agentes Polivalentes de Saúde - AMOVAPSA	President of the Council
Júlio Mujojo	Civil society organization	MONET Plus	Executive Director
Belarmino Langa	Civil society organization	Rede Nacional Contra Droga/SIDA (UNIDOS)	Advocacy and Communication Officer
Roberto Paulo	Civil society organization	LAMBDA	Executive Director
Adelino Xerinda	Civil society organization	Fundação para o Desenvolvimento da Comunidade	Project Manager
Octavio Mabunda	Civil society organization	Rede Cristã	Executive Director
Francisco Martinez Obregon	Coordinating United Nations agency	UNAIDS RST	Regional Operations Manager
Christian Mouala	Coordinating United Nations agency	UNAIDS RST	Senior Advisor Political/Partners
Gatien Ekanmian	Coordinating United Nations agency	UNAIDS RST	Strategic Information Advisor
Muhammad Saleem	Coordinating United Nations agency	UNAIDS RST	Technical Advisor, Mozambique Office Focal Point
Narmada Dhakal	Coordinating United Nations agency	UNAIDS RST	Mother-to-child Transmission, Sexual and Reproductive Health Technical Officer
Samo Gudo	Government partner	INS	Deputy National Director

Annex 7
UBRAF indicators for Mozambique (2016–2019)[2]

Indicator	2016	2017	2018	2019
Output 1.1 Innovative and targeted HIV testing and counselling programmes introduced				
The country offers targeted HIV testing services	yes	yes	yes	yes
The country offers lay providers testing	yes	yes	yes	yes
Quality assurance (laboratory) of testing and re-testing before antiretroviral therapy initiation exists	yes	yes	yes	yes
The country offers HIV partner notification services	yes	yes	yes	yes
Indicator 1.2 Percentage of countries adopting WHO HIV counselling programmes introduced				
“Treat-all” policy is adopted	yes	yes	yes	yes
The country has adopted task shifting or task sharing in provision of antiretroviral therapy	yes	yes	yes	yes
Policies or strategies for antiretroviral therapy retention and adherence are in place	yes	yes	yes	yes
Programme for nutritional support to people on antiretroviral therapy is in place	yes	yes	yes	yes
Indicator 1.3 Percentage of countries adopting good-quality health-care services for children and adolescents				
A strategy/measure to address loss to follow-up, adherence and retention issues for children and adolescents is in place	no	yes	yes	yes
Provider-initiated testing and counselling is available in all services for children aged under five years [1]	yes	yes	yes	yes
Strategies for identification of older children living with HIV beyond the health sector such as linkages with social protection (orphans and vulnerable children) are in place	no	yes	no	no
Indicator 1.4 Percentage of countries with a plan and allocated resources to achieve Fast-Track targets in high-burden cities				
The country has identified high-burden cities	yes	yes	yes	yes
All high-burden cities have developed a plan and allocated resources to achieve Fast-Track	no	no	no	no
1.5a Does the country have a national emergency preparedness and response plan?				

2 Changes (from yes to no, and from no to yes) are highlighted in yellow.

Does the country have a national emergency preparedness and response plan?	not applicable*	yes	yes	yes	
Please respond if HIV integrated in the country's national emergency preparedness and response plans?	not applicable*	yes	yes	yes	
1.5b Is this key population relevant in the context of the country epidemic?	yes	yes	yes	yes	Refugees/asylum seekers
HIV services for key populations	no	yes	yes	yes	
Services for survivors of sexual and gender-based violence , including post-exposure prophylaxis	no	yes	yes	yes	
Basic HIV services: HIV testing services, prevention of mother-to-child transmission, treatment (antiretroviral therapy, TB, sexually transmitted infections)	yes	yes	yes	yes	
1.5b Is this key population relevant in the context of the country epidemic?	no	yes	yes	yes	Internally displaced people
HIV services for key populations	0	yes	yes	yes	
Services for survivors of sexual and gender-based violence, including post-exposure prophylaxis	0	yes	yes	yes	
Basic HIV services: HIV testing services, prevention of mother-to-child transmission, treatment (antiretroviral therapy, TB, sexually transmitted infections)	0	yes	yes	yes	
1.5b Is this key population relevant in the context of the country epidemic?	no	yes	yes	yes	People affected by emergencies
If food and nutrition support (this may include cash transfers) is accessible to this key population?	0	no	no	no	
Indicator 2.1 Percentage of countries implementing latest elimination of mother-to-child transmission guidance					
Lifelong treatment is offered to all HIV positive pregnant women	no	yes	yes	yes	
Repeat testing of HIV negative pregnant and breastfeeding women is offered [1]	no	yes	yes	yes	
Partner testing of pregnant women living with HIV in antenatal care settings is offered	yes	yes	yes	yes	
Networks of women, including of women living with HIV, are engaged in elimination of mother-to-child transmission strategy development and service implementation	no	yes	yes	yes	

Indicator 3.1 Percentage of countries with combination prevention programmes in place				
Quality-assured male and female condoms are readily available universally [1], free or at low cost	yes	yes	yes	yes
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in primary schools	yes	yes	yes	yes
Gender-responsive life skills-based HIV and sexuality education is part of the curriculum in secondary schools	yes	yes	yes	yes

Young women are engaged in HIV prevention strategy development and service implementation	yes	yes	yes	yes
Indicator 3.2b Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place				
3.2a The country has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems	no	no	no	no
3.2b Supportive adolescent and youth sexual and reproductive health policies are in place	yes	yes	yes	yes
Indicator 4.1 Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies				
The country has size and prevalence estimates for men who have sex with men	yes	yes	yes	yes
The country has size and prevalence estimates for sex workers	yes	yes	yes	yes
The country has size and prevalence estimates for people in prisons and closed settings	yes	no	no	yes
Comprehensive packages of services for men who have sex with men in line with international guidance defined and included in national strategies	yes	yes	yes	yes
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies	yes	yes	yes	yes
Comprehensive packages of services for people in prisons and closed settings in line with international guidance defined and included in national strategies	yes	yes	yes	yes
Men who have sex with men are engaged in HIV strategy or programming and service delivery	yes	yes	yes	yes
Sex workers are engaged in HIV strategy or programming and service delivery	yes	yes	yes	yes
Indicator 4.2 Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs				
4.2.1 A gender-sensitive HIV needs assessment is available for people who inject drugs	no	no	no	no
4.2.2 Does the country have a significant epidemic among people who inject drugs?	no	no	yes	yes
Opioid substitution therapy	not applicable		no	no
Needle–syringe programmes	not applicable		no	no
HIV testing and counselling	not applicable		yes	yes
Antiretroviral therapy	not applicable		yes	yes
Indicator 5.1 Percentage of countries with national HIV policies and strategies that promote gender equality and transform unequal gender norms				
Assessments of social, economic and legal factors that put women and girls at risk of HIV are available	yes	yes	yes	yes

Sex- and age-disaggregated data and gender analysis are used in HIV planning and budgeting	no	yes	yes	yes
Structural and social change interventions to transform unequal gender norms and systemic barriers implemented, including gender-sensitive education curricula and initiatives to engage men and boys	yes	yes	yes	yes

Indicator 5.2 Percentage of countries with laws or policies and services to prevent and address gender-based violence

Disaggregated data on prevalence and nature of gender-based violence are available and used	yes	yes	yes	yes
Legislation or policies addressing gender-based violence exist	yes	yes	yes	yes
A mechanism to report and address cases of gender-based violence is available (e.g. counselling centres, ombudsman, courts and legal support for survivors)	yes	yes	yes	yes
HIV, sexual and reproductive health, and gender-based violence services	yes	yes	yes	yes

Indicator 6.1 Percentage of countries positively addressing laws or policies presenting barriers to HIV prevention, treatment and care services

Criminalization of HIV non-disclosure, exposure or transmission	no	no	yes	no
Criminalization of same-sex behaviours, sexual orientation and gender identity	no	no	no	no
Lack of alternatives to imprisonment for nonviolent minor drug-related crimes	yes	no	yes	yes
Bans or limits on needle–syringe programmes or opioid substitution therapy for people who inject drugs, including in prison settings	yes	no	yes	yes
Ban or limits on distribution of condoms in prison settings	no	no	yes	yes
Ban or limits on distribution of condoms for young people	no	no	no	no
HIV screening for general employment purposes	no	no	no	no
HIV-related travel restrictions (HIV-specific regulations on entry, stay and residence)	no	no	no	no
Restrictions to adolescent access to HIV testing or treatment without parental consent	no	no	no	no

Indicator 6.2 Percentage of countries with mechanisms in place providing access to legal support for people living with HIV

Any mechanisms in place to record and address cases of discrimination in relation to HIV	no	no	yes	yes
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues including gender-based discrimination (e.g. dispossession due to loss of property or inheritance rights in context of HIV)	no	yes	yes	yes
HIV-sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel, judiciary and members of national human rights institutions conducted	yes	yes	yes	yes

Indicator 6.3 Percentage of countries with measures in place to reduce stigma and discrimination in health settings				
Health-care workers pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to sexual and reproductive health and rights of women living with HIV in all of their diversity and throughout their lives	no	no	yes	no
Up-to-date assessment on HIV related discrimination in health sector is available through the Stigma Index or another tool	no	no	no	no
Measures in place for redress in cases of stigma and discrimination in health sector	no	no	yes	yes
Indicator 7.1a Percentage of countries with HIV sustainability plan developed **Indicator 7.1b Percentage of countries with up-to-date quality HIV Investment cases (or similar assessing allocative efficiency) being used**				
7.1a The country has developed an HIV sustainability or transition plan	no	no	no	no
The plan indicates sustainability increasing domestic public investments for HIV over the years	0	0		not applicable
The plan has influenced policy and resource generation and allocation in the country	0	0		not applicable
The plan covers financial contributions from the private sector in support of the HIV response	0	0		not applicable
7.1b A computerized monitoring system that provides district level data on a routine basis including key HIV service delivery variables (antiretroviral therapy and prevention of mother-to-child transmission)	yes	no	yes	yes
The country tracks and analyses HIV expenditures per funding source and beneficiary population	yes	yes	yes	yes
Country allocations based on epidemic priorities and efficiency analysis (investment case or similar)	yes	yes	yes	yes
Indicator 7.2 Percentage of countries with scale-up of new and emerging technologies or service delivery models				
Social media/information and communication technologies	yes	yes	yes	yes
e-Health or m-health tools for HIGH-priority HIV services	yes	no	yes	yes
Diagnostics for rapid diagnosis, combined HIV/syphilis testing and monitoring of viral suppression	yes	no	no	no
Indicator 8.1 Percentage of countries delivering HIV services in integrated manner				
HIV, sexual and reproductive health, and gender-based violence services	yes	yes	yes	yes

HIV and TB	yes	yes	yes	yes
HIV and antenatal care	yes	yes	yes	yes
Indicator 8.2 Percentage of countries with social protection strategies and systems in place that address HIV				
8.2.1 Does the country have a national social protection strategy or policy?	no	yes	yes	yes
National social protection strategy or policy covers people living with HIV and affected by HIV	no	yes	yes	yes
National social protection strategy or policy covers orphans and vulnerable children	yes	yes	yes	yes
8.2.2 National health insurance (and social health insurance where distinct) and life or critical illness insurance cover people living with HIV	not applicable	no	no	no
8.2.3 Social protection programmes such as safety nets and livelihood interventions are provided to men and women living with or affected by HIV	not applicable	yes	no	yes
Indicator S1c Percentage of countries with HIV strategies that reflect Fast-Track				
Country strategy reflects the population/location principle	yes	yes	yes	yes
Country strategy adopts all 10 Fast-Track targets that apply	yes	yes	yes	yes
Country strategy focuses on increasing the percentage of domestic funding on the HIV response	no	no	no	no
Indicator S4a Percentage of countries that have a functioning Joint Team				
All Cosponsors present in country are represented in the Joint Team	no	yes	no	no
Joint Team developed and is implementing the Joint United Nations Programme of Support on HIV and AIDS	yes	yes	yes	yes

Annex 8
Selected UBRAF indicators for Mozambique (2016–2019)

Indicator	2016	2017	2018	2019	Comments
Indicator 1.3 Percentage of countries adopting good-quality health-care services for children and adolescents					
Strategy or measure to address loss to follow-up, adherence and retention issues for children and adolescents is in place	no	yes	yes	yes	Measures to increase retention in antiretroviral therapy for children and adolescents are reported from 2017 onwards for children. This has been an important achievement of Mozambique in the evaluation period. There was a significant increase in children on antiretroviral therapy from 43% in 2016 to 63% in 2019.
1.5a Does the country have a national emergency preparedness and response plan?					
Please respond if HIV is integrated in the country's national emergency preparedness and response plans	not applicable*	yes	yes	yes	There may be formal integration of HIV in Mozambique's national emergency and preparedness and response plans, but this was not found in the course of the evaluation, and there are many concerns that HIV is still being neglected during emergencies.
1.5b Is this key population relevant in the context of the country epidemic (people affected by emergencies)?	no	yes	yes	yes	
Is food and nutrition support (this may include cash transfers) accessible to this key population (people affected by emergencies)?	0	no	no	no	There are concerns from the part of members of the Joint Team of providing cash transfers to people affected by emergencies, but they are not in place yet.
Indicator 2.1 Percentage of countries implementing latest elimination of mother-to-child transmission guidance					
Lifelong treatment is offered to all pregnant women living with HIV	no	yes	yes	yes	This is an area in which the Joint Team has played an important role, as confirmed by the UBRAF report.
Repeat testing of HIV negative pregnant and breastfeeding women is offered [1]	no	yes	yes	yes	
Networks of women, including of women living with HIV, are engaged in the elimination of mother-to-child transmission strategy development and service implementation	no	yes	Yes	yes	

Indicator 3.2b Percentage of Fast-Track countries with supportive adolescent and youth sexual and reproductive health policies in place					
3.2a Mozambique has integrated the core indicators for measuring the education sector response to HIV in national education monitoring systems, in line with the recommendations of IATT on Education	no	no	no	no	The evaluation found important efforts to include sexual and reproductive health education in schools. This may offer an opportunity to further advance the national education monitoring systems according to IATT recommendations.
Indicator 4.2 Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs					
4.2.1 Gender-sensitive HIV needs assessment is available for people who inject drugs	no	no	no	no	Strengthening of the UNODC office in Mozambique may pose an opportunity to address the HIV epidemic among people who inject drugs. Problems with UBRAF reporting were identified, possibly because this is an issue that the Joint Team has not worked heavily in previously.
4.2.2 Does the country have a significant epidemic among people who inject drugs?	no	no	yes	yes	
Opioid substitution therapy	not applicable		no	no	
Needle–syringe programmes	not applicable		no	no	
HIV testing and counselling	not applicable		yes	yes	
Antiretroviral therapy	not applicable		yes	yes	
Indicator 6.1 Percentage of countries positively addressing laws or policies presenting barriers to HIV prevention, treatment and care services					
Criminalization of HIV non-disclosure, exposure or transmission	no	no	yes	no	This may be an opportunity for further work for the Joint Team.
Lack of alternatives to imprisonment for nonviolent minor drug-related crimes	yes	no	yes	yes	Considering the strengthened work of UNODC in Mozambique, this may be an opportunity for further advocacy from the Joint Team.
Bans or limits on needle–syringe programmes or opioid substitution therapy for people who inject drugs, including in prison settings	yes	no	yes	yes	
Ban or limits on distribution of condoms in prison settings	no	no	yes	yes	

Indicator 6.2 Percentage of countries with mechanisms in place providing access to legal support for people living with HIV					
Any mechanisms in place to record and address cases of discrimination in relation to HIV	no	no	yes	yes	There may be redress mechanisms for cases of discrimination, and training to target the problem of stigma, but they are not enough to tackle the problem; this may be an opportunity for future work for the Joint Team.
Mechanisms in place to provide promote access to legal support (e.g. free legal services, legal literacy programmes) for HIV-related issues, including gender-based discrimination (e.g. dispossession due to loss of property or inheritance rights in context of HIV)	no	yes	yes	yes	
HIV-sensitive training programmes on human rights and non-discrimination laws for law enforcement personnel, judiciary and members of national human rights institutions conducted	yes	yes	yes	yes	
Indicator 6.3 Percentage of countries with measures in place to reduce stigma and discrimination in health settings					
Health-care workers' pre- and in-service training includes gender-sensitive stigma and discrimination reduction, including specific attention to sexual and reproductive health and rights of women living with HIV in all their diversity and throughout their lives	no	no	yes	no	See Indicator 6.2.
Up-to-date assessment on HIV-related discrimination in the health sector is available through the Stigma Index or another tool	no	no	no	no	There is no updated data on stigma in the country; the Joint Team is working to address this.
Measures in place for redress in cases of stigma and discrimination in health sector	no	no	yes	yes	See Indicator 6.2.

Indicator 7.1a Percentage of countries with HIV sustainability plan developed

Indicator 7.1b Percentage of countries with up-to-date good-quality HIV investment cases (or similar assessing allocative efficiency) being used

7.1a The country has developed an HIV sustainability or transition plan	no	no	no	no	This is one of the greatest challenges for Mozambique. NASA efforts are being appreciated by the various actors, but more needs to be done to address the problem of financial sustainability in Mozambique.
The plan indicates sustainability increasing domestic public investments for HIV over the years	0	0		not applicable	
The plan has influenced policy and resource generation and allocation in the country	0	0		not applicable	
The plan covers financial contributions from the private sector in support of the HIV response	0	0		not applicable	
Indicator 7.2 Percentage of countries with scale-up of new and emerging technologies or service delivery models					
e-Health or m-health tools for high-priority HIV services	yes	no	yes	yes	
Diagnostics for rapid diagnosis, combined HIV/syphilis testing and monitoring of viral suppression	yes	no	no	no	
Indicator 8.2 Percentage of countries with social protection strategies and systems in place that address HIV					
8.2.1 Does the country have a national social protection strategy or policy?	no	yes	yes	yes	This indicator shows the linkages between HIV and social protection are evolving but still incomplete. It also shows some problems with inconsistent reporting (changing the availability of programmes from one year to the other, as in 8.2.3). This is an issue that could be further explored by the Joint Team considering the vulnerabilities of people in the country and the linkages between poverty and HIV (e.g. malnutrition and lack of basic means).
The national social protection strategy or policy covers people living with or affected by HIV	no	yes	yes	yes	
8.2.2 The national health insurance (and social health insurance where distinct), life or critical illness insurance cover people living with HIV	not applicable	no	no	no	
8.2.3 Social protection programmes such as safety nets and livelihood interventions are provided to men and women living with or affected by HIV	not applicable	yes	no	yes	

Indicator S1c: percentage of countries with HIV Strategies that reflect Fast-Track					
The country strategy focuses on increasing the percentage of domestic funding on the HIV response	no	no	no	no	See Indicators 7.1a and 7.2b.
Indicator S4a: percentage of countries with a functioning Joint Team					
All Cosponsors present in country are represented in the Joint Team	no	yes	no	no	This evaluation proposes the elaboration of a high-level strategic plan of the United Nations for Mozambique involving the heads of agencies; this could be an opportunity for further involving other Cosponsors in the country.

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